STATES OF GUERNSEY
BOARD OF HEALTH

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HEALTH FOR PEOPLE

WORKING TOWARDS A BETTER
HEALTHIER WAY OF LIFE

REPORT FOR
THE YEAR 1994

96th

# ANNUAL REPORT

of the

# Medical Officer of Health

and

# FIRST ANNUAL REPORT

of the

# DIRECTOR OF PUBLIC HEALTH

# BOARD OF HEALTH

## MEMBERS 1994

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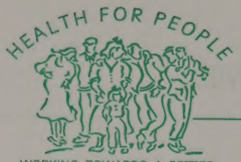
# STATES OF GUERNSEY

# BOARD OF HEALTH

## Objectives

To maintain and improve the health of the people of Guernsey and Alderney as cost effectively as possible by:

- Identifying health needs - now and in the future.
- Planning the future provision of health services to meet these needs.
- Ensuring that the quality of health services provided is high and standards are maintained through careful monitoring.
- Ensuring that only appropriate and effective care or treatment is given, by monitoring the outcome of such interventions.
- Informing people on health matters, promoting a healthy lifestyle and environment.
- Checking that all health services provided are as cost-efficient as possible.
- Promoting managerial and professional excellence within health services.
- Recruiting, training and developing sufficient health care staff to achieve these objectives.



WORKING TOWARDS A BETTER
HEALTHIER WAY OF LIFE

# INTRODUCTORY LETTER TO THE BOARD OF HEALTH

19 September 1995

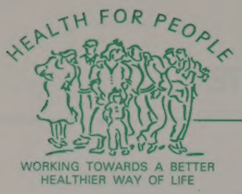
The President
States of Guernsey Board of Health

Madam President, Members of the Board

I have pleasure in submitting the Annual Report of the Medical Officer of Health for Guernsey for 1994.

I am, Madam
Your Obedient Servant

Dr David Jeffs
**MEDICAL OFFICER OF HEALTH**
Director of Public Health


HEALTH FOR PEOPLE
WORKING TOWARDS A BETTER HEALTHIER WAY OF LIFE

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# HIGHLIGHTS FROM THIS REPORT

**Relevant Paragraphs are shown;**

- On the measures traditionally used, health in Guernsey and Alderney has never been better, although cancer deaths (particularly lung cancer deaths), and alcohol related deaths all appear somewhat higher than their English equivalents. [1.1, 10.2]

- The change from Medical Officer of Health to Director of Public Health signals more than just a change of title. There is an increasing commitment to develop and use better quality and better analysed local health data to ensure the most appropriate and effective range of health services, based on the demonstrated health needs of the local population. [1.2, 1.3]

- To help achieve this, five Public Health objectives were proposed in the 1993 Annual Medical Officer of Health Report. Substantial progress is demonstrated in this Report in all these areas. [3.1-3.6]

- The more traditional functions of Public Health as represented by Environmental Health and Communicable Disease Control remain as important as ever. Steady progress continues in all these areas. [4.0, 6.0]

- A major achievement has been the Measles/Rubella Campaign, when almost 6,000 children were successfully immunised against measles/rubella, with no reports of any serious side effects, and no new cases of measles notified since the Campaign finished. [6.1]

- 1994 also appears to be the first year in which there was no local transmission of gonococcus (gonorrhoea) recorded in Guernsey. More worrying was the number of cases of potentially serious sexually transmitted disease acquired in holiday destinations overseas. The "safer sex" message is just as important when travelling, as it is at home. [6.8]

- Newer initiatives such as the work of the Health Promotion Unit in tackling common causes of death and disease amongst the Island population illustrate the evolving nature of Public Health. [5.0]

- The selection of Health Promotion priorities, with goals and targets based on the "Health of the Nation" will allow progress towards better health to be measured in the Guernsey population. [3.3, 3.4]

- The further development of clinical audit to help improve the appropriateness and effectiveness of clinical interventions is another new area of Public Health interest. Cooperative working with Clinicians will help translate such information into better patient health. [1.2, 9.9]

- Another Public Health success has been the high participation rates achieved, and the high number of small cancers detected in the first or "prevalent" round of Breast Screening conducted amongst Island women aged 50 and above between 1992 and 1994. [7.1]

- It is hoped that similar high participation and detection rates can be maintained now that breast screening has been successfully brought "on Island" into the new Breast Screening and Assessment Service located at the Princess Elizabeth Hospital. [7.2]

- Planning proceeded during 1994 to further develop an Occupational Health Service for all Board of Health staff. It is felt that a fitter Health workforce will be able to provide better levels of health care for the Islands. [8.4]

- Social factors may have a profound effect on health, and for the first time, aspects of these are considered in more detail in this Report. [2.3, 9.0]

- In Marriage and Family, Guernsey has experienced more profound social change over the past twenty years than in the preceding eighty. [9.12]

- In summary, this Report demonstrates that between 1971 and 1994;

    - Marriages have declined from 8.7 to 5.9 per 1000 resident population - the lowest ever. [9.1]

    - Divorces have increased from 0.4 to 2.6 per 1000 resident population - the highest ever. [9.2]

    - The birth rate has declined from 15.9 to 12.9 per 1000 resident population - the lowest ever. [9.3]

    - Births outside marriage have increased from 83 to 237 per 1000 live births - the highest ever. [9.5]

- The effect of such changes on child health, and the need for continuing development of community based child health, psychiatric, and social services to deal with this is recommended. [9.15-9.16]

- Special consideration has been given in this Report to the basic health statistics and Public Health problems facing Alderney. [10.3]

# 1.0 Introduction

## 1.1 From MoH to DPH

Welcome to the 96th Annual Medical Officer of Health (MoH) Report. It is also the first Report of the Director of Public Health for Guernsey.

The first Medical Officer of Health in Britain (indeed, the first anywhere to hold this title) was William Henry Duncan, who was appointed as MoH for Liverpool in 1847.

The serious health consequences of rapid urbanisation and increasing industrialisation in Britain, and the impetus given to Public Health measures by the National Public Health Acts of 1848 and 1875, meant that other towns and cities soon followed with similar appointments.

The Medical Officer of Health needed to retain a degree of independence if he were to be most effective in his efforts to improve local health, and his Annual Report quickly became the vehicle by which he could "report to his Authority any influences which were acting in a deleterious manner on the health of the community which he served".

The first Medical Officer of Health for Guernsey was Dr John Brownlea MD DPH who was appointed in 1898. His Annual Reports, and those of his successors provide a well documented and fascinating account of changing, but steadily improving health amongst Island residents.

It is therefore gratifying to report, in this the latest MoH Report that on the measures traditionally used, health in Guernsey and Alderney has never been better.

Deaths from all causes continue to decline, communicable disease notifications are at an all time low, and in several important disease areas, mortality in Guernsey and Alderney remains consistently below that of England and Wales.

Of course, there still remain a number of "deleterious influences" acting on the health of the population, many of which are unfortunately self inflicted. Social factors too, such as the changing patterns of marriage and divorce in Guernsey can also have "deleterious influences" on vulnerable sections of the population. An analysis of several of these influences are considered more fully in the body of this Report.

## 1.2 Role of Directors of Public Health in the Reorganised NHS

Following the recent reforms in the National Health Service, the NHS Executive has published a document entitled "Public Health in England", which outlines Public Health roles and responsibilities in the new NHS structures.

This recommends the appointment of Directors of Public Health to lead the Public Health function in their Authority.

As well as traditional public health concerns such as the surveillance, monitoring and control of communicable disease, and non-communicable environmental exposures, it sees their responsibilities should include;

- Assessing local health needs
- Developing and implementing local health, and local health promotion strategies
- Improving the appropriateness and effectiveness of clinical interventions
- Developing and sustaining relationships between the Health Authority and clinicians.
- Working with other Government Agencies and Voluntary Organisations to improve health.
- Once again there is a requirement for the Director of Public Health to produce an Annual Public Health Report "representing his or her independent professional view".

The Director of Public Health can help achieve improvements in the appropriateness and cost effectiveness of clinical interventions by providing high quality, well analysed local health data to guide "evidence based purchasing" by Health Authorities and GP Fund Holders.

## 1.3. Relevance for Guernsey and Alderney

The rationale for the "Internal Health Market" which has been created in the NHS owes more perhaps to political philosophy, than to proven effectiveness.

In Guernsey, there is of course, no purchaser/provider split, and it is also unlikely that with a limited population that it will ever be desirable to develop one.

Nonetheless, better knowledge of those health factors which influence the health of the population of Guernsey and Alderney will certainly assist the Board of Health in defining, developing and refining the best mix of health services to meet the health needs of the Islands.

The Board of Health has previously defined as its major objective;

> "To maintain and improve the Health of the people of Guernsey and Alderney as cost effectively as possible."

By appointing a Director of Public Health to extend the MoH role, to address this new range of health tasks, and to provide a greater range of better quality and better analysed local health data, the Board of Health has strengthened its ability to achieve this objective.

For a variety of statutory reasons, the traditional title of "Medical Officer of Health" has been retained, and the traditional MoH functions remain as important as formerly.

However, as well as being the 96th Annual Report of Guernsey's Medical Officer of Health, this is also the first Report of Director of Public Health for Guernsey.

To gain recognition for the importance of better local health data, to develop efficient data collection systems, to collect sufficient data to provide a useful and worthwhile analysis, to build the networks with clinical services necessary to achieve change, and to continue to promote the merits and develop support for more "evidence based medicine" is an ongoing process which will take several years, at least.

However, this first Report of the Director of Public Health does mark an important step towards developing the most appropriate and effective range of health services, based on the demonstrated health needs of the population.

This will, in time, deliver better "Health for People" in both Guernsey and Alderney.

**Dr David Jeffs**
DIRECTOR OF PUBLIC HEALTH

# 2.0 About this Report

2.1

The Directorate of Public Health is now organised to fulfil a range of specific functions. These include;

- **Public Health,** including the collection, analysis, and reporting of health data.
- **Environmental Health,** including environmental legislation, and food safety and legislation.
- **Health Promotion** and **Health Education.**
- Communicable Disease Control, Immunisation, and the control of **Sexually Transmitted Diseases.**
- **Service Development,** including screening programmes, drug and alcohol services.
- **Occupational Health** Services and "Health in the Workplace" initiatives.
- **Traditional MoH functions** including drug importations and advice to other States Departments.

This Report summarises achievements in all these areas during 1994 as well as setting direction for further developments in the future.

## 2.2 Improved Health Statistics

A strong factual basis has always underpinned Public Health, and effective Public Health action has always been "evidence based" and "data driven"

"Vital Statistics" as they apply to health, therefore remain an important part of this Report.

Although the number of "Tables" have been reduced, they are now potentially more useful, in that direct comparisons are made with similar data for England and Wales.

By making such comparisons, it is possible to demonstrate that in many areas, Guernsey health is already better than that of the Mainland. However there remain several areas which give cause for concern.

On a population basis, cancer deaths for both men and women are somewhat higher in Guernsey than in England and Wales. This is particularly so for Lung Cancer deaths, reinforcing the need for the Board of Health to make tobacco control a health priority.

Circulatory Diseases, alcohol related diseases and a possible further reduction in stillbirths also seem to be areas where there is potential for further "health gain".

In past Reports, there has been a tendency to "let the statistics speak for themselves". This year, a brief commentary has been included, with a recommendation for action where this is appropriate, or desirable.

## 2.3 Social Factors and Health

Good health, however, does not exist in isolation, and this year for the first time, this Report takes a somewhat deeper look at some of the social factors influencing the health of the population.

This volume appropriately starts by examining "Marriage and Family" in Guernsey. Most Guernsey residents would agree that the family, and family values have traditionally lain at the centre of our society. However, as this analysis demonstrates, there has probably been greater social change in marriage, divorce, birth rates, and births outside marriage during the past twenty years, than in the entire preceding century.

As yet, the potential impact of such profound social change on the health of the population of the Islands has been little examined. It is hoped that this section will provoke thought and debate by both health professionals, and the general public about likely health consequences if these trends continue.

Possible topics for a similar systematic examination in the future include child and adolescent health, mens health, womens health, and the health of the elderly.

## 2.4 Acknowledgements

Finally, public health can never achieve good results if it only works by itself.

I must again acknowledge and record my gratitude to the Board of Health, Officers and staff of the Department of Health, my Medical colleagues, other States Departments,and the several Voluntary Organisations and individuals who have supported Public Health initiatives during 1994.

# 3.0 Public Health 1994

> *"Public Health is that process which gathers, interprets and translates knowledge of health factors amongst the population into effective action."*

## 3.1 Public Health Objectives 1994

**The 95th Annual Medical Officer of Health Report (1993)** concluded;

"With its high standards of health care, and its many natural advantages, there is no reason why the health of Guernsey should not be amongst the highest in Europe. To achieve this, however, requires

- better data collection and analysis
- selection of priority areas for health gain
- the setting of health goals and targets with a time frame for their attainment
- greater support, understanding and participation by the people of Guernsey towards improvement in their own health, and
- better integration across States Departments to ensure consistent policies for health gain"

These points were adopted to become the 'de facto' objectives for public health during 1994. It is pleasing to now be able to report substantial progress in all these areas.

## 3.2 "Better Data Collection and Analysis"

High quality health data should be the bedrock on which effective public health is built. Assessing and improving existing data sources, and developing new ones were important public health priorities during 1994. Achievements included;

### 3.2.1 Hospital Morbidity Collections

The computerised patient morbidity system at the Princess Elizabeth Hospital was examined, deficiencies in data collection identified, and some preliminary analysis undertaken.

Data on basic hospital utilisation indicators such as admissions, total bed nights and length of stay are now thought to be of consistent quality to be analysed by demographic sub-groups. Further work is now needed to develop hospital morbidity and procedural indicators.

### 3.2.2 Child Injury Surveillance

Child Injury Surveillance of children attending the Accident and Emergency Department at the Princess Elizabeth Hospital for treatment of accidentally acquired injuries was successfully implemented in July 1994. This system has now been extended to children attending the St Johns Ambulance, and it is hoped to introduce a similar system of injury recording into many of the Island schools.

For the first time, it is now possible to examine in a systematic way where and how child injuries have occurred - an essential first step towards improved prevention.

### 3.2.3 Drugs Misuse Database

In July 1993, the States accepted a Billet on Substance Abuse in Guernsey. Control of Substance abuse involves a variety of agencies including educational, enforcement, and a variety of preventative and treatment services.

To quantify the extent and trends in substance abuse requires a comprehensive but confidential database to act as a "Central Clearing House" for such information.

In the UK, a number of Regional Drugs Databases have been established to provide this resource.

During 1994, contact was made with the Wessex Drugs Database, who have agreed to collect data from Guernsey as a separate and confidential subset of the Wessex data.

This will eventually allow comparison of Guernsey drug abuse over time, and against that of the adjacent mainland.

### 3.2.4 Cancer Registry

Mortality data currently collected in Guernsey provides useful information on cancer deaths in the Islands. It does not however provide information on incidence (new cases) prevalence (total cases in the population) or length of survival under various treatment approaches.

Contact was therefore also made with the Wessex Cancer Intelligence Unit for Guernsey Cancer Data to be collected, collated and analysed as a subset of the Wessex Cancer Registry.

Jersey has also agreed in principle to transfer its cancer data from the Thames Cancer Registry to the Wessex Cancer Registry.

When fully implemented, this will allow incidence, prevalence and length of survival data for Guernsey cancer sufferers to be produced for the first time, and again compared with those of the adjacent mainland, and also with Jersey.

Full pathology laboratory computerisation will do much to hasten this process.

### 3.3 “Selection of Priority Areas for Health Gain”

Until recently, there has been a notable lack of morbidity data in Guernsey, and although this has now been partially addressed, it will be several years before there is sufficient data available to allow worthwhile analysis.

Fortunately, Guernsey has good mortality data dating back to the early years of the century, and more recently a number of health Surveys of both adults and children in Guernsey have been performed which has allowed the identification of behavioural risk factors.

A major Public Health achievement during 1994 was the collation and analyses of these various data sources. These results were also discussed with various groups including General Practitioner representatives, and other States Departments before being published as a comprehensive review of population health in Guernsey entitled **“Health for Guernsey People”** (Guernsey Board of Health March 1995).

In this publication, priority areas for health gain were identified as follows;

#### Major Health Priorities

- reduction in cardio-vascular disease
- reduction in tobacco related illness
- prevention of malignant melanoma
- control of alcohol abuse
- reduction in child injuries

#### Other Health Priorities

- reduction in breast cancer
- reduction in cervical cancer
- promotion of sexual health control of HIV and other STDs
- prevention of substance abuse
- improved prevention of suicides
- promotion of breast feeding

#### Other Important Public Health Areas

- reduction in asthma morbidity
- reduction in diabetes morbidity
- reduction in other treatable cancers
- improvements in childrens dental health

## 3.4 The Setting of Health Goals and Targets, with a Time Frame for their Attainment

The publication of **"The Health of the Nation - a Strategy for Health in England"** by the Department of Health in 1992 set goals and targets for health gain in a number of priority areas for England by the turn of the century, or else generally by the year 2005.

These were;

- coronary heart disease and stroke
- diet and nutrition
- cancers, particularly lung, breast, cervix and melanoma
- smoking related illness
- mental illness
- HIV/AIDS and sexual health
- accidents especially amongst children and the elderly

**"Health for Guernsey People"** specifically examines health in Guernsey in a comparative framework, and particularly how it compares with the English goals and targets contained in **"The Health of the Nation".**

This demonstrates that the health of the population generally in Guernsey is somewhat better than that in England. Several of the "Year 2000" or "Year 2005" targets in the major priority areas have already been achieved.

However, it also became apparent that in several areas, there was insufficient data to either gauge present health status, or measure progress towards the "Health of the Nation" target, and this is now being addressed.

Finally, it was demonstrated that in several areas, notably in smoking, excessive alcohol consumption and obesity, the Guernsey population was shown to be less healthy than their mainland counterparts. These areas have therefore been included as health promotion priorities.

Reference should be made to **"Health for Guernsey People"** for more details of the basis for these initiatives.

## 3.5 "Greater support, understanding and participation by the people of Guernsey towards improvement in their own health"

Good public health to a large extent implies good public relations.

Gaining public acceptance that better health is a worthwhile goal, and giving the public the knowledge and opportunities they need to achieve better health requires an accurate and consistent health message.

It is felt that one of the successes of 1994 was the high level of media support for health initiatives, and the generally high quality and accurate media reporting of them. This undoubtedly helped promote the "Better Health" message in the Islands.

It is hoped that it will be possible to build on, and extend these positive and mutually beneficial relationships well into the future.

### 3.6 "Better integration across States Departments to ensure consistent policies for health gain"

The World Health Organisation has recommended "improved intersectoral collaboration" (or collaborative working across Government departments, and between the public and private sectors) as an essential component of its "Health for All by the Year 2000" strategy.

During 1994 in Guernsey, contact was made, and useful discussions ensued with a variety of States Departments whilst compiling "Health for Guernsey People".

Particular recognition should be given to HM Greffier, the Economic and Statistics Unit of the Advisory and Finance Committee, the Health and Safety Inspectorate, the Guernsey Police Support Services, and the Guernsey Customs and Immigration Service.

Mention should also be made of valuable contact with, and assistance from a range of voluntary groups and organisations, including the Channel Islands Actuarial Society, the Guernsey Chest and Heart Association, PROP, and the Samaritans.

The **Guernsey Health Promotion Group,** consisting of representatives of a range of States Committees, including the States Supervisor, Guernsey Social Security Authority, Education Department, Housing Authority, Children Board, Nursing, Social Work, Community Services, Environmental Health, and General Practice also proved a most valuable sounding board for selecting the Health Promotion priorities, which will guide the work of the Health Promotion Unit towards the year 2000.

Ongoing contact is also maintained regarding specific issues with a number of other States Committees, through such Groups as Drug Concern, and the Child Accident Prevention Taskforce.

Although still some way from the model adopted by several Scandinavian countries, where the likely impact on population health is regularly assessed as part of all new Government policy formulation, it is felt that a useful start has now been made in Guernsey in increasing awareness of public health issues amongst other States Committees.

# ENVIRONMENTAL HEALTH DEPARTMENT

## 4.0 Introduction

The basic role of the Environmental Health Department continues to be the safeguarding of public health by monitoring those conditions and activities which may have adverse effect.

The collection of accurate data and a sound scientific knowledge of the way such data influences the environment and public health are key issues.

Protecting the environment and public health is a responsibility which stretches beyond the auspices of the Board of Health. Environmental Health Officers are increasingly liaising with officers of other States departments in an attempt to ensure that environmental factors are given due consideration in a wide range of States activities so as to best protect the environment of the Bailiwick and the health of its inhabitants.

### 4.1 Legislation

Progress continued to be made during the year on the development of Control of Environmental Pollution legislation as well as with the proposed amendments to the Food and Drugs legislation. It is anticipated that a policy letter regarding Control of Pollution legislation will be presented to the States of Deliberation in 1995. By the end of the year a further consultation document and proposed guidelines on temperature control and date coding of food had been circulated to representatives of the food trade for comment. It is intended that the Board of Health will present the proposals to the States early in 1995 and that the new food legislation will be implemented later that year.

### 4.2 Complaints/Requests for Advice/Enquiries

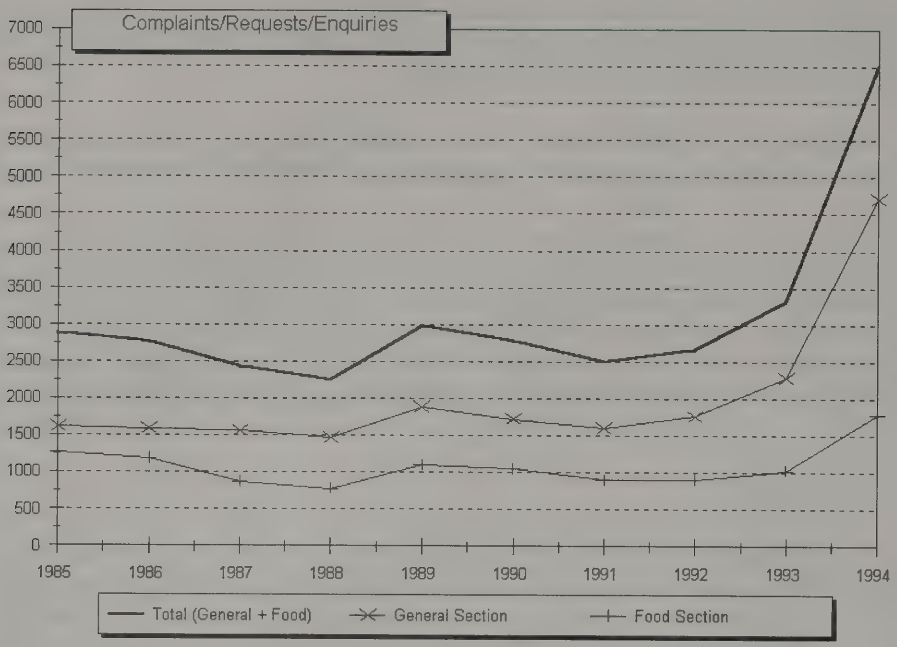
Officers of the department dealt with a total of 6497 complaints, requests for advice or enquiries during the year. Although some alteration in the method of recording was introduced at the beginning of the year, the recorded figures still represent an overall increase of approximately 50% over that recorded in 1993, with the Food Section showing an increase of 73% and the Environmental Control Section increasing by 41%. The details are as follows:

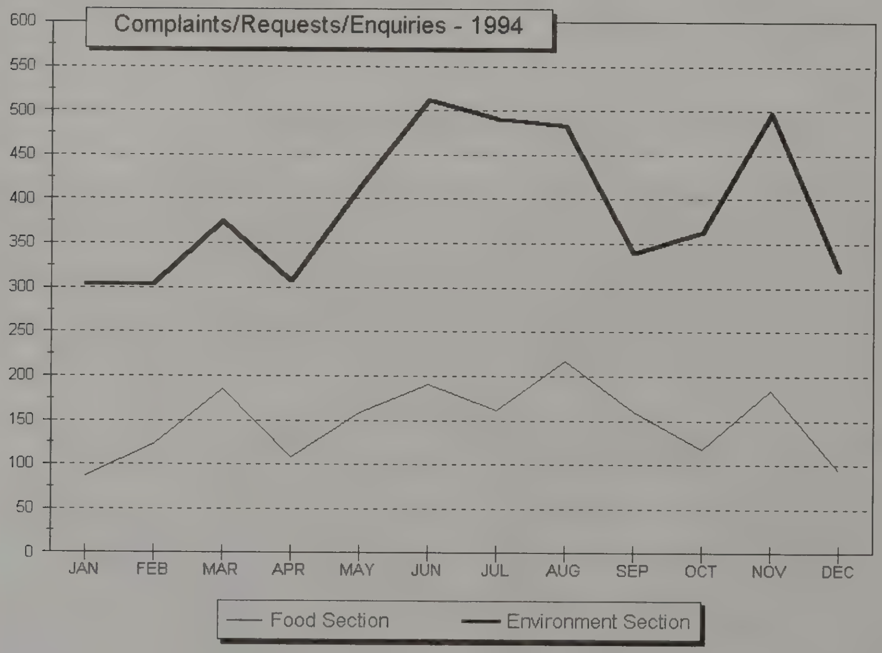
**Food Safety and Infection Control**

| | |
|---|---|
| Food Condition | 262 |
| Food Poisoning | 273 |
| Food Safety | 647 |
| Food Surrender | 183 |
| Miscellaneous | 421 |
| Totals | 1786 |

**Environmental Control**

| | |
|---|---|
| Housing Conditions | 351 |
| Pollution - Atmospheric | 456 |
| Pollution - Land/Water | 737 |
| Pollution - Noise | 322 |
| Rats/Mice/Pests | 1287 |
| Water Samples | 685 |
| Miscellaneous (General) | 873 |
| Totals | 4711 |


Complaints/Requests/Enquiries
7000
6500
6000
5500
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
Total (General + Food)
General Section
Food Section


Complaints/Requests/Enquiries - 1994
600
550
500
450
400
350
300
250
200
150
100
50
0
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
Food Section
Environment Section

## 4.3.0 Food Safety and Infection Control

There were a total of 1786 complaints/enquiries dealt with during the year. Details are shown in the table on a previous page of this report.

### 4.3.1 Food Safety

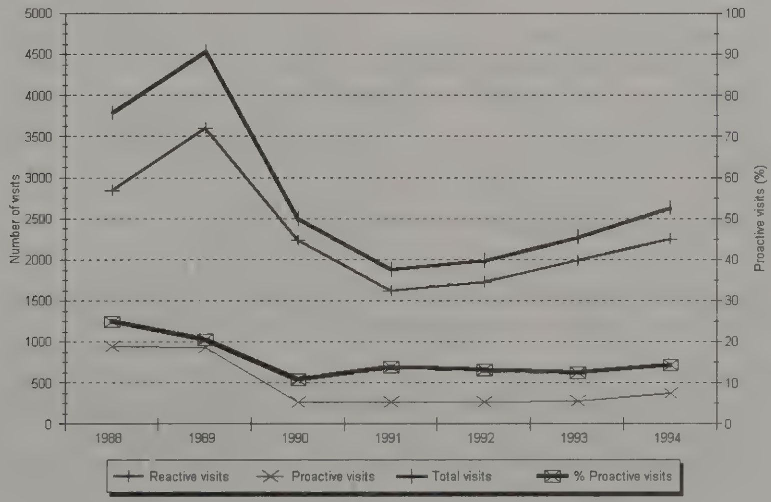
Officers from the department continued to offer advice and encouragement in relation to food safety during the year. There was a slight increase in the amount of proactive work undertaken, compared with previous years. Unfortunately, dealing with the increase in complaints and enquiries generally made it impossible for the Environment Health Department to increase its preventative role.

Food Premises

| Year | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 |
|---|---|---|---|---|---|---|---|
| Inspections | 845 | 776 | 200 | 175 | 84 | 65 | 140 |
| Inspections required to current standards | | | | | | 791 | 791 |
| Number of required inspections achieved (%) | | | | | | 8.2 | 17.7 |
| Port Health visits | 48 | 158 | 51 | 87 | 165 | 170 | 176 |

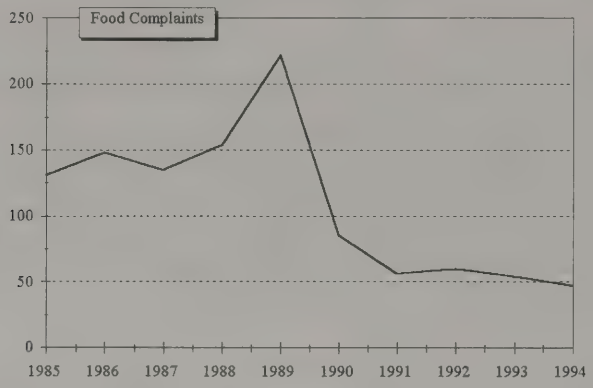
Food Control Section (Visits)

| Year | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 |
|---|---|---|---|---|---|---|---|
| Reactive visits | 2843 | 3599 | 2232 | 1616 | 1724 | 1991 | 2247 |
| Proactive visits | 943 | 934 | 268 | 262 | 264 | 281 | 376 |
| Total visits | 3786 | 4533 | 2500 | 1878 | 1988 | 2272 | 2623 |
| Proactive visits (%) | 24.9 | 20.6 | 10.7 | 14.0 | 13.3 | 12.4 | 14.3 |



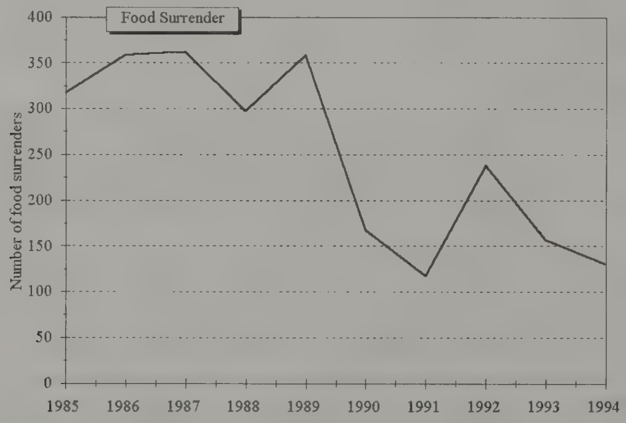
### 4.3.2 Food Complaints

47 complaints were made to the department during the year regarding the condition of food purchased. All complaints were dealt with informally.



### 4.3.3 Food Surrender

Environmental Health Officers issued 130 certificates for unfit or unsound foodstuffs during the year. The Board of Health approved the department's recommendation that a system of charging for the issue of surrender certificates be introduced from the 1st January 1995. It is expected that the introduction of such a system will drastically reduce the number of certificates issued and therefore release valuable officer time.



### 4.4.3 Education

The Environmental Health Officers continued to promote the Chartered Institute of Environmental Health's Basic Food Hygiene Certificate Course. A total of 40 candidates attended a total of 6 courses run by the department during the year. 35 candidates successfully passed the examination.

### 4.4.3 Shellfish Sampling

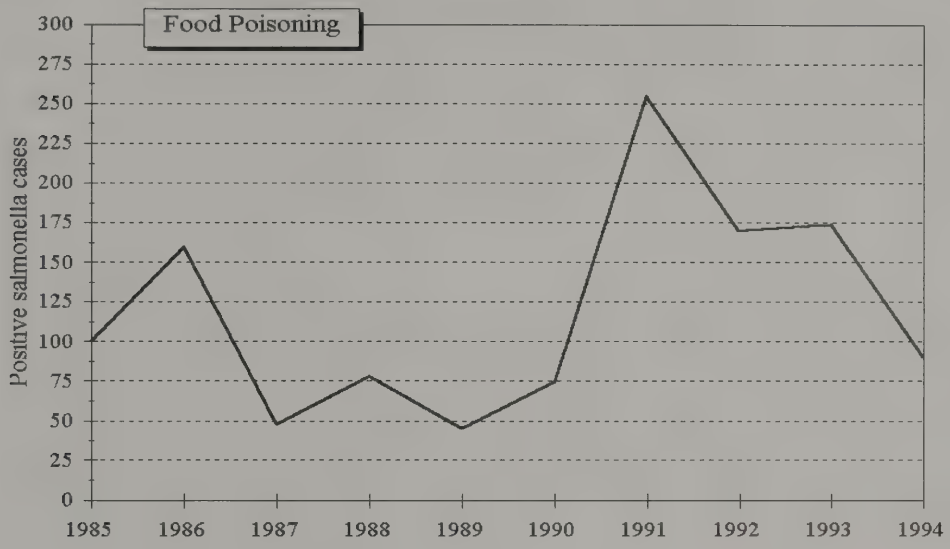
The sampling programme, required to satisfy the requirements of the relevant EU Directives, was continued during the year.

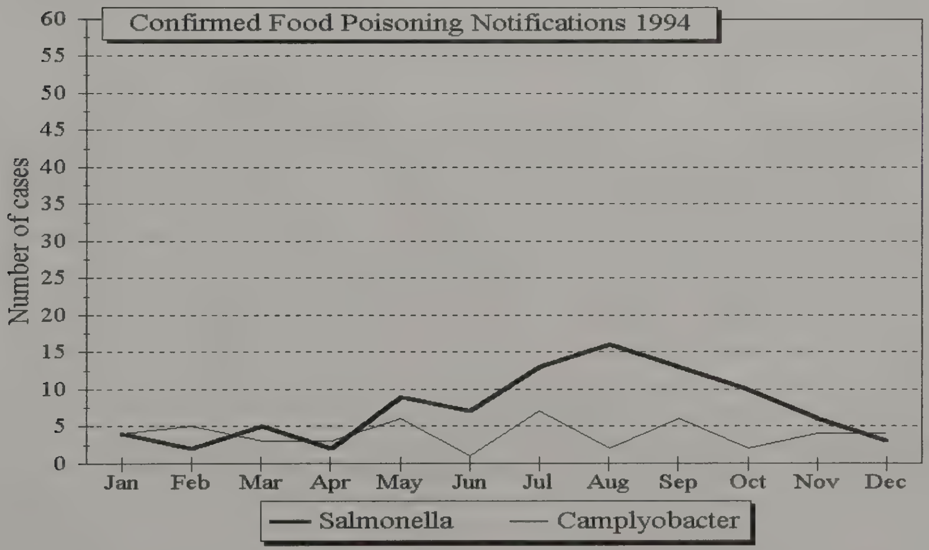
| | No. of Samples | Satisfactory | Unsatisfactory | Test Cancelled |
|---|---|---|---|---|
| Mussels | 1 | 1 | 0 | 0 |
| Oysters | 73 | 58 | 14 | 1 |

### 4.3.6 Food Poisoning

The department received notification of 90 confirmed cases of Salmonella food poisoning during the year (a reduction of approximately 49% over 1993 notifications) together with a further 46 cases of Campylobacter (a reduction of approx. 18%).

All cases of Salmonella were fully investigated by Environmental Health Officers. The majority of incidents were individual cases or small family outbreaks.

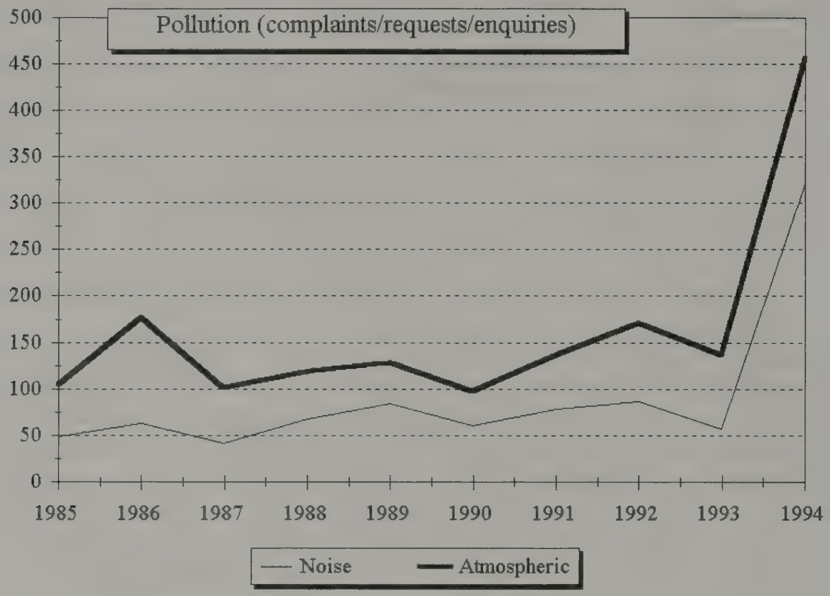




| Salmonella type/Origin | Guernsey | UK | Abroad | Totals |
|---|---|---|---|---|
| Enteritidis phage type 4 | 60 | 0 | 5 | 65 |
| All Others | 20 | 1 | 4 | 25 |
| | | | Total | 90 |

### 4.4.0 Control of the Physical Environment

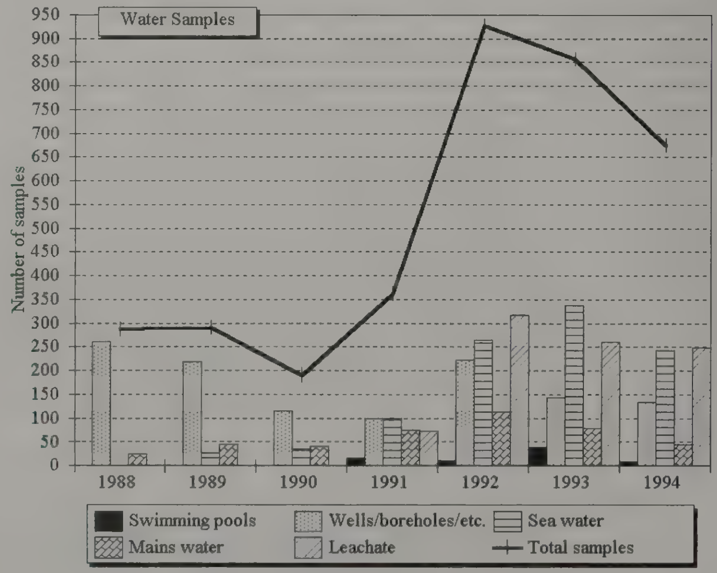
A total of 4711 complaints/requests/enquiries were dealt with during the year. Details are shown in the table on a previous page of this report. The alarming increase in both atmospheric pollution and noise pollution problems give cause for concern and will have to be addresses. Members of the public have a right to enjoy their surroundings without being subjected either to atmospheric or noise nuisances.



### 4.4.1 Water sampling

The following samples were taken for bacteriological and/or chemical analysis by the States Analyst during the year.

| | |
|---|---|
| Swimming Pools | 7 |
| Wells/boreholes etc. | 133 |
| Sea Water | 242 |
| Mains Water | 45 |
| Leachate | 248 |
| Totals | 675 |



### 4.4.2 Rodent Control

A total of 695 complaints or requests for treatment were received during the year and a total of 1296 treatments were carried out by Rodent Control staff. The department continued with its programme of the systematic treatment of bays and headlands around the Island.

### 4.4.3 **Air Quality Monitoring in Guernsey**

The Environmental Health Department has traditionally been involved in measuring levels of air pollution. In the past this has generally been as a response to a specific complaint or enquiry but more recently it has been recognised that constant monitoring of the air is extremely useful in assessing "air quality", that is the nature and level of pollutants in the air we breathe all the time.

The main air pollutants are sulphur dioxide, nitrogen oxides, particulate matter and organic compounds. The main sources of sulphur dioxide are fuel consumption for domestic heating (especially coal), power stations, industrial boilers and chemical processes. Nitrogen oxides are produced by all of the above but transport, especially road transport, is recognised as a major contributor. Particulate matter, that is soot, grit and dust, is produced in varying degrees by all fuel combustion processes. Major sources of organic compounds are chemical processes and solvent use with some contribution from oil-based fuel combustion sources.

At the present time the Environmental Health Department measures continuously for sulphur dioxide and nitrogen dioxide.

#### 4.4.3.1 **Sulphur Dioxide**

Currently monitored at only one site near the Vale Power Station, probably the major single source of sulphur dioxide emissions in the Island. Levels generally are very low: a monthly average in 1994 of 6.75 parts per billion (ppb) with a highest daily average reading of 22.47 ppb. Daily average Guide Values for sulphur dioxide in accordance with various EU directives are between 38 and 45 ppb. Based on the UK Department of the Environment's Air Quality Bandings, levels below 125 ppb indicate Good air quality, whilst levels below 60 ppb indicate Very Good air quality. Levels of sulphur dioxide in the atmosphere are considerably lower than they were in the early 1980's and this can be put down largely to better refining techniques which has enabled the sulphur content of fuels to be considerably reduced. In particular the sulphur content of fuels used at the Power Station and in the horticultural industry has been reduced from approximately 3.3% in the early 1980's to less than 1% at the present time. By contrast, the sulphur content of coal is fixed at between 1.5 and 2%.

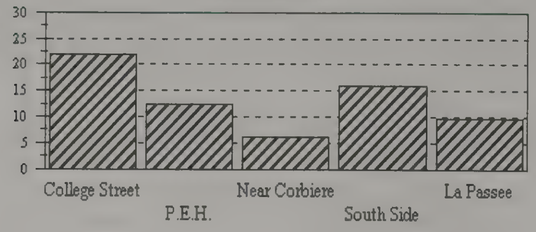
#### 4.4.3.2 **Nitrogen Dioxide**

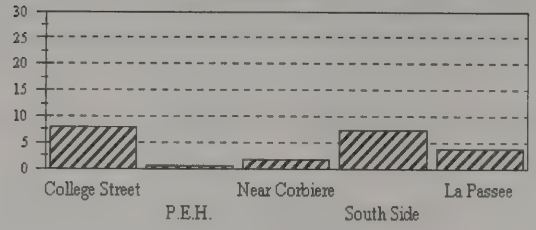
Monitoring is undertaken in conjunction with the United Kingdom National Survey into nitrogen dioxide. This survey commenced in April 1993 and it is envisaged that it will continue for a minimum period of 10 years. The equipment used is cheap and basic so as to enable as many local authorities as possible to take part in the Survey. This equipment only indicates average levels and is unable to record peaks. Levels recorded at a traffic intensive street in St. Peter Port (College St.) during 1994 averaged 14.03 parts per billion (ppb) whilst a similar area in St. Sampson's (South Side) gave levels of 12.15 ppb. By contrast a rural area of St. Sampson's (La Passee) gave a level of 6.37 ppb, whilst a similar area in the Forest was 3.62 ppb.

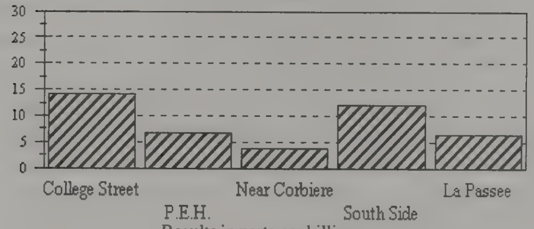
EU Directive standards for nitrogen dioxide are a guide value of 26 ppb (50 %ile) and 71 ppb (98 %ile), with an upper limit value of 105 ppb (98 %ile). World Health Organisation Guidelines for health effects are 78 ppb (24 hour average) and 210 ppb (1 hour average). Based on the UK Department of the Environment's Air Quality Bandings, levels below 100 ppb indicate Good air quality, whilst levels below 50 ppb indicate Very Good air quality, As an indication, the figure of 14.03 ppb recorded for St. Peter Port gives a 50 %ile result of 13.04 (guide value 26 ppb) and a 98%ile result of 33.67 ppb (guide value 71 ppb, limit value 105 ppb).

Although these results are encouraging and indicate that the air quality in Guernsey is very good and general air pollution is at a relatively low level, we should not be complacent. At peak times in specific areas air pollution could achieve levels which would give rise to concern. The Environmental Health Department is currently evaluating more sophisticated monitoring techniques which would enable it to monitor a wider range of pollutants more accurately to ensure that we can remain confident of our air quality in the future.

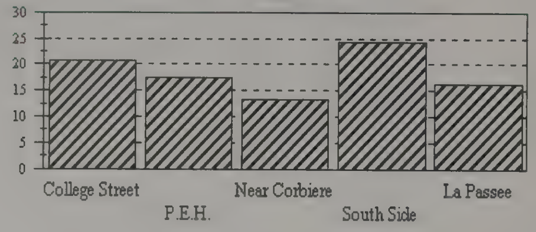
## Nitrogen Dioxide Survey Results

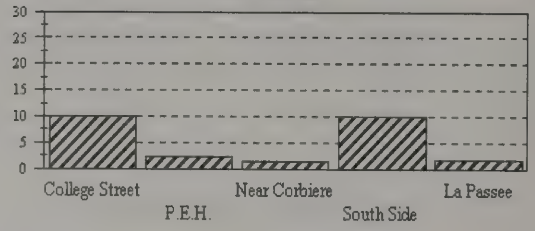

1994 Maximum

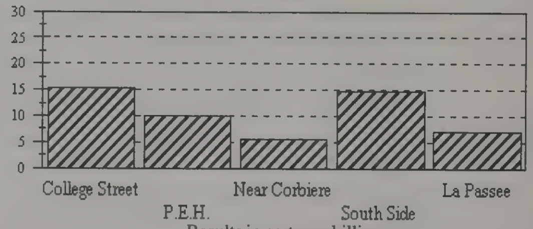

1994 Minimum


1994 Mean

Results in parts per billion


1993 Maximum


1993 Minimum


1993 Mean

Results in parts per billion

### 1994

| Site | Max (month) | Min (month) | Mean |
|---|---|---|---|
| College Street | 22.0<br>May | 8.0<br>January | 14.1 |
| P.E.H. | 12.5<br>October | 0.6<br>August | 6.8 |
| Near Corbiere | 6.1<br>October | 1.8<br>January | 3.6 |
| South Side | 16.0<br>November | 7.3<br>December | 12.2 |
| La Passee | 9.8<br>February | 3.9<br>August | 6.4 |

Results in parts per billion

### 1993

| Site | Max (month) | Min (month) | Mean |
|---|---|---|---|
| College Street | 20.8<br>June | 10.0<br>February | 15.4 |
| P.E.H. | 17.5<br>June | 2.2<br>December | 9.9 |
| Near Corbiere | 13.4<br>May | 1.5<br>December | 5.5 |
| South Side | 24.2<br>November | 9.9<br>March | 14.8 |
| La Passee | 16.2<br>May | 1.6<br>February | 7.2 |

Results in parts per billion

# HEALTH PROMOTION UNIT

## 5.0 Introduction

1994 proved to be a very busy and successful year as a number of new projects were initiated and those well established continued to flourish. The Unit's programme was based on the UK's "Health of the Nation" priorities and a summary of the work undertaken is given below.

## 5.1.0 Coronary Heart Disease and Cancer

The main focus of the Unit's work continued to centre around the prevention of coronary heart disease and cancer and concentrated on five important areas.

### 5.1.1 Smoking

A variety of projects was initiated during the year including the use of Smokebuster tutors in schools to lead one hour sessions on smoking for years 5, 6 and 7. Presentations on the aims of the project were made to both the primary and secondary headteachers' councils and the tutors started work in schools in September. Initial evaluations showed that teachers viewed the sessions very favourably and plans were made to continue the sessions in 1995.

Other work on smoking included working with a local retailer on the store's smoking policy and a presentation on smoking to the St. Peter Port Traders, two smoking cessation training courses for midwives and one for a secondary school's teachers and setting up a smoking cessation group for teenagers at another.

No Smoking Day was again an important focus and events included training for health educators and the Smokebusters roadshow which visited several island schools. The year ended with several meetings with the Jersey Health Promotion Unit to plan a joint islands smoking prevention strategy.

### 5.1.2 Healthy Eating

Several healthy eating workshops were organised for professionals and publicity given to the Heartbeat awards was generated, resulting in a number of enquiries and the presentation of two more awards.

### 5.1.3 Exercise

A new tutor was employed to take over the Lifefit programme (exercise on prescription) and grew from two to six sessions a week with a waiting list of willing participants. Local doctors continued to support the scheme and presentations on the aims of the scheme were made to the doctors' lunch, a medical practice and officers from the Jersey Health Promotion Unit and leisure centre who were interested in setting up a similar scheme.

### 5.1.4 Look After Yourself Programme

LAY played an important part in the work of the Unit in 1994. It began with an Initial Tutor Training Course of two blocks of four training days for people wishing to train as LAY tutors. The course was run in conjunction with the Jersey Health Promotion Unit with five Jersey and 13 Guernsey students. Twelve of the 13 Guernsey students went on to run their own courses and qualify as tutors. A LAY exercise programme for pregnant mothers was developed with two midwife tutors. Six tutors were trained in the cardiac rehabilitation module and went on to run LAY courses for people with heart problems (sponsored by the Chest and Heart Association). One tutor set up phases 1 and 2 of of the cardiac rehabilitation service by visiting patients in hospital and inviting them to a group follow-up session and an open day about the cardiac rehabilitation courses and services was held in November.

A training day was run for all tutors on the newly published LAY manual and also one on conducting fitness testing.

### 5.1.5 Cancer

The main focus was on the prevention of skin cancer and included a training day for professionals, a workshop for teachers, and the funding (with Jersey) of a special sunburn weather forecast by the media. In July the officers took part in a sun awareness fun day at Pembroke organised by the Body Shop and Royal Life Saving Society.

### 5.2 Alcohol and Drugs

Two half training days were held for a secondary school's year tutors on their drug programme and a drugs parents' evening was held at another.

Events for Drinkwise Day were run in conjunction with the Director of GADAC and included a sensible drinking quiz. A session on sensible drinking and the alcohol policy is now covered in the Board of Health's staff induction course.

### 5.3 Child Accidents

The collection of child accident statistics at the A. & E. department was instigated. As part of the Year of the Family one of the professionals from the Child Accident Prevention Group gave a monthly radio broadcast on an aspect of accident prevention and the newspaper included an article on these topics each day in Child Safety Week.

## 5.4 Sexual Health

Work in this area included giving evidence to the Board's Committee on Contraception, Unplanned Pregnancy and Abortion, regular meetings with the Education Department's Complementary Health Educators and assisting in the planning of their secondary sex education training day, and planning for the Visit of the Names Project AIDS Memorial Quilt in 1995.

## 5.5 Family Health

Support for the local Joint Breastfeeding Group continued and involved helping organise a training session for professionals and events for Breastfeeding Week, including a survey on mothers' views on feeding in public.

Support was also given to Dr. Boyle and his team in organising the measles immunisation campaign. Nearly 8000 letters and envelopes were distributed to island schools.

## 5.6 Schools and Young People

The Peer Led Education Group at Les Beaucamps School completed another ten weeks of teaching and finished the term with two hour long sessions for Amherst Junior School pupils and a presentation evening for other schools, politicians and interested professionals. The whole project proved to be very successful and it is planned to run another group in 1995.

Other work included editing the report of the Primary Health Related Behaviour Survey with the Deputy Director of Education and presenting its results to the primary headteachers' council. The PSHE and Health Education guidelines for schools were revised into one comprehensive document by the Health Promotion Officer and Curriculum Officer from the Education Department and these are now with the headteachers for comments.

Several training days for teachers were also set up. These included a half day on how to set up a peer-led group, a day on active listening skills and a day for 20 primary heads and senior staff on how to create their PSHE policy.

## 5.7 Certificate in Health Education Open Learning Project

One of the major projects of the year was the introduction of the thirty week Certificate in Health Education Open Learning Project in conjunction with Northumberland College of Technology. Ten students started this nationally recognised health education qualification by participating in a series of day long workshops, course work and assignments.

## 5.8 Advice and Consultancy and Resources

A wide range of clients was helped by the Unit in their requests for advice by telephone and through visits in person and through workshops sessions requested by them - eg. healthy lifestyles for Project 2000 nurses and stress management for a group of Children Board staff. Committee meetings attended by Health Promotion Officers included Child Accident Prevention Group, PSHE teachers support group, Drug Concern, Civil Service Link Agents, AIDS Working Party, AIDS Action Group, Health Promotion Group and Chest and Heart Association. The Assistant Health Promotion Officer continued to provide a regular input into the Civil Service Board's induction programme.

The Resources Library was in continual use and over 980 items were borrowed on 340 occasions.

## 5.9 Staff Training and Development

The Assistant Health Promotion Officer attended conferences on smoking education, No Smoking Day, smoking and pregnancy in the UK, cardiac rehabilitation, and a local course on illegal drugs run by Drug Concern. The Health Promotion Officer attended a training course on Drinkwise Day and she and the Assistant Health Promotion Officer both attended two 2 day trainings in the UK run by the Look After Yourself Project including the use of the new manual.

A visit from the Jersey Health Promotion Officers was also valuable in developing closer working relationships and sharing good practice.

## 5.10 Conclusion

The work of the Unit was wide ranging during 1994 and largely successful in achieving its aims. Much credit for this must go to the many professionals and voluntary agencies who gave valuable time and support to work with the Unit staff.

This trend looks set to continue in 1995, and another busy year seems assured.

# 6.0 Communicable Disease Control

## 6.1 Measles/Rubella Campaign

The most notable achievement in Communicable Disease control in 1994 was the Measles and Rubella campaign. During this, Measles and Rubella immunisation was offered to all Island school children aged from around 7 years until 16 years of age.

### 6.1.1 Rationale for the Campaign

The campaign mirrored a similar U.K. initiative. It had been noted that measles notifications in the U.K. had doubled over a twelve month period, and were continuing to increase.

Amongst any childhood population, for a variety of reasons some children will have failed to have received measles immunisation. Others will have failed to acquire natural "wild" measles, because of its declining incidence in the population, whilst others will have failed to develop full immunity following immunisation. When this pool of "at risk" individuals reaches a critical size (generally about 20% of the entire childhood population), then the potential exists for the outbreak of a major measles epidemic.

There is a small but quantifiable risk of serious complications from measles. These include middle ear infection, pneumonia, and encephalitis (inflammation of the brain).

In order to prevent such an outbreak, with the known risks of complications, the Department of Health in England advised proceeding with a mass measles/rubella immunisation campaign for the entire school age population.

### 6.1.2 Extending the Campaign to the Channel Islands

Extending the campaign to the Channel Islands was considered jointly by the Board of Health in Guernsey and the Public Health Committee in Jersey. Given the interchange of residents and visitors, it was felt that keeping the Channel Islands free from the predicted epidemic could not be guaranteed, and therefore Channel Islands children should be offered the same level of protection as their counterparts in the U.K.

In all, a total of 5995 children were successfully immunised, and there were no reports of any serious side effects. There have also been no notified cases of proven measles in Guernsey since the completion of the Campaign.

Sincere acknowledgment must be given to the hard work and skill of the School Nurses and part time Medical Officers who successfully conducted the campaign, under the direction of Community Paediatrician Dr Neil Boyle.

# NOTIFICATION OF INFECTIOUS DISEASES 1994

| | | | | | | 1994 (Quarters) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1989 | 1990 | 1991 | 1992 | 1993 | 1st | 2nd | 3rd | 4th | (Total to Date) |
| Measles | 1 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 1 |
| *Mumps | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| *Rubella | 10 | 5 | 3 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| Whooping Cough | 3 | 3 | 3 | 2 | 0 | 2 | 0 | 2 | 0 | 4 |
| Food Poisoning | 45 | 75 | 47 | 38 | 61 | 1 | 6 | 3 | 3 | 13 |
| Hepatitis A | 9 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hepatitis B | | | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| Meningitis | 6 | 2 | 3 | 1 | 2 | 1 | 0 | 0 | 0 | 1 |
| Tuberculosis | 4 | 1 | 6 | 1 | 2 | 1 | 1 | 2 | 0 | 4 |
| Malaria | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| AIDS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Scarlet Fever | 0 | 4 | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 1 |
| Psittacosis | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysentery | | | | | 2 | 0 | 0 | 0 | 0 | 0 |
| Other infectious conditions that were reported informally | | | | | | | | | | |
| Food Poisoning | | | 212 | 130 | 187 | 23 | 24 | 54 | 26 | 127 |
| Carriers of HIV Antibody | 0 | 0 | 0 | 0 | 1 | 1 | 4 | 0 | 0 | 5 |

* Mumps and Rubella became notifiable in Guernsey on 1.1.89.

### 6.1.3 Maintaining "Herd Immunity"

In order to maintain the high levels of "herd immunity" against both Measles and Rubella which Guernsey now enjoys, a second booster immunisation of Measles may be advised for all younger children when they turn 8 years old, in order to "boost" their immunity levels.

Further details of immunisation levels in Guernsey are contained in Section 10.5.

## 6.2 Haemophilus Influenzae Immunisation

Immunisation against Haemophilus Influenza which can cause severe or fatal septicaemia and meningitis was introduced in Guernsey in 1994.

It is pleasing to report that there have been no new cases occurring amongst immunised children since then. This mirrors the very rapid decline in the UK since the introduction of Haemophilus immunisation.

## 6.3 Tuberculosis

There were four cases of Tuberculosis notified in Guernsey during 1994. All these were either re-activation of previous disease in elderly patients or acquired abroad.

There is therefore no evidence of continuing Tuberculosis transmission in Guernsey at present. Nonetheless, there is a resurgence of Tuberculosis throughout the world, and the situation in Guernsey is being kept under continuing review. protocol for management of contacts of Tuberculosis in the community in Guernsey have been updated, and there may also be possible changes in the BCG immunisation policy when the report of an expert committee looking into tuberculosis in England and Wales is received.

## 6.4 Food Poisoning

Some cases of food poisoning are inevitable. During 1994, food poisoning in Guernsey appeared somewhat lower than in previous years. This can be reduced still further however by greater care in the handling and preparation of food products of animal origin, and the correct preparation and storage of other food.

One particular bacterium (Salmonella Enteritidis Phage type 4) continues to be the most common organism identified. Given that the only known origin of this bacteria is from poultry and eggs, it remains essential that the utmost care is taken in preparing poultry, in ensuring that it is properly cooked, and in preventing cross contamination.

Hotels are again reminded that it preferable to use pasteurised eggs instead of raw eggs in the preparation of mayonnaise and similar products so as to prevent transmission by this route.

# SEXUALLY TRANSMITTED DISEASES

## ANNUAL STATISTICS 1994

| Disease | MALE | FEMALE | HOMOSEXUAL | TOTAL |
|---|---|---|---|---|
| Gonorrhoea | 8 | | | 8 |
| Syphilis | 1 | 2 | | 3 |
| N.S.U./Chlamydia | 24 | 17 | | 42 |
| Herpes Genitalis | 14 | 7 | 2 | 23 |
| Yeast | 25 | 39 | 5 | 69 |
| Hepatitis B | 2 | | | 2 |
| Hepatitis C | 1 | | | 1 |
| Human Papilloma | 40 | 39 | 2 | 81 |
| Pubic Lice/Scabies | 16 | 9 | | 25 |
| Gardenerella Vaginalis | 2 | 15 | | 17 |
| Cervical Smears | | 20 | | 20 |
| Counselling | 72 | 55 | 7 | 134 |
| HIV Blood Testing | 60 | 47 | 7 | 114 |
| **Totals** | | | | |
| New Patients | 98 | 67 | | 165 |
| Attendances | 338 | 227 | | 565 |

## 6.5 Whooping Cough

Four cases of Whooping Cough represent the low background level of the infection in the community, and reflect the fact that mild cases still occur, even in immunised children. Further work is continuing to develop newer, safer and more effective Whooping Cough vaccines.

## 6.6 Cot Deaths

A single cot death was again in the headlines during 1994. No single cause of cot death has been established, but it is believed that infections often play a part. Evidence of a possible link between fire retardant mattresses with cot death was again heavily publicised in Guernsey.

Incidence of cot death in Guernsey (as in many other western countries) continues to decline. There is little doubt that the current advice to put babies to sleep on their back or sides, in a well ventilated room, to avoid over wrapping, and to avoid smoking in the home environment has been successful in reducing the number of sudden infant deaths.

## 6.7 Special Treatment Clinic

The Board of Health Special Treatment Clinic is located in a General Practice setting at the Rohais Surgery, St Peter Port. Clinics take place on Tuesday and Thursday afternoons from 4.00pm to 7.00pm. The first hour and a half is reserved for female patients, whilst the second hour and a half is reserved for males. A female and male nurse are in attendance for the respective clinics, and assist in the taking and preparation of samples and slides, and in interviewing patients.

The Clinic provides a FREE service to patients who either present of their own accord, or have been referred by their own doctors. The majority of patients will have anxieties about a sexually acquired infection.

Much time is spent counselling such patients, and advising them on matters of good sexual health, and how to prevent sexually acquired infections. In particular, issues regarding HIV infection are discussed, and patients are offered an HIV antibody test where this is appropriate.

## 6.8 Sexually Transmitted Disease in the Community

The 1994 Annual Statistics show that the most common sexually transmitted diseased diagnosed at the Special Treatment Clinic was non specific urethritis/chlamydia, of which there were 25 male cases and 17 female cases.

The other area of concern was the high number of human papilloma virus (HPV) and genital herpes cases. HPV is felt to be one of the most common precursors of cancer of the cervix in the female, a more effective control could help reduce cervical cancer cases and deaths in the future.

There were also 8 cases of gonorrhoea seen in males, and all these had been acquired through casual unprotected sexual encounters in "holiday destinations" such as Kenya, Thailand and the Philippines.

Fortunately there were no local female sexual partners or contacts of these cases, and therefore no secondary spread into the Guernsey community.

Gonorrhoea provides a good "marker" for the transmission of other sexually acquired diseases. So long as Guernsey residents continue to risk unprotected sexual encounters whilst away, the risk remains that serious sexually transmitted disease like HIV/AIDS may be introduced into the Guernsey community.

For example, according to WHO estimates, compared with Britain, full blown cases of AIDS are 2.5 times more common in Italy, 3.6 times more common in France, 4.2 times more common in Spain, and almost 7 times more common in Kenya.

The "safer sex" message is even more important when travelling as it is at home.

The other statistic of interest was 1 male patient and 2 female patients who were found to have syphilis on routine screening. All these patients had acquired this whilst abroad, and had probably been infected for some time.

The majority of the Clinic's work is undoubtedly one of reassurance and education, alongside treatment for sexually acquired infection. The Clinic continues to provide free condoms, and provides an active immunisation service for Hepatitis B for patients who are particularly at risk, such as men who have sex with other men, and intravenous drug users.

### 6.9 HIV/AIDS in Guernsey

One male HIV patient developed AIDS during 1994, whilst the remaining six male patients have continued to keep well, as indeed has the one female patient. A positive IV drug user left the Island during the course of the year.

Homosexual transmission, heterosexual transmission, and transmission from contaminated blood products, are all represented amongst HIV sufferers in Guernsey at present. Fortunately as yet there is no evidence of vertical transmission from mother to child.

The support and management of these HIV patients continues to provide a major source of work for the Clinic.

A great deal of Clinic work and time is spent counselling and screening people who are anxious about the possibility of sexually acquired infection. It must be stressed that these figures relate only to **known** cases of HIV, and there may as yet be undiagnosed cases in the community, who have as yet to present for testing.

# 7.0 Service Development

## 7.1 Breast Cancer Services

A major success in public health terms was the excellent participation and detection rates obtained in the "prevalent round" of the breast screening programme, which was completed in 1994.

The "prevalent" or first round screening is designed to detect all those previously undiagnosed breast cancers amongst the target population.

### 7.1.1 Breast Cancer in Guernsey

Breast cancer is the commonest form of cancer amongst Guernsey women, being responsible for 72 deaths between 1989 and 1993. It was also the second commonest cause of premature death (deaths before the age of 75 years), and "potential years of life lost".

Apart from genetic susceptibility, there are a number of recognised "risk factors" (such as late age of first child birth), although the definite cause of breast cancer has yet to be discovered.

Early detection by screening mammography therefore offers the best opportunity for reducing breast cancer deaths.

### 7.1.2 The BUPA Breast Screening Programme

A breast screening programme provided under contract by the British United Provident Association (BUPA) commenced at a PEH site in September 1993.

As reported in the last Annual Report, participation levels were initially disappointing. For example, by the 30 June 1994, against a minimum target of 70%, only 58% of the women aged 50-64 who had been invited, had actually attended for mammography.

A series of local initiatives, including local advertising and evening clinics was then tried to boost attendance.

Most successful though, was support by local General Practitioners, who used their own resources to target women aged 50-69 years, who were normally patients of their practice, but whose records revealed had not yet attended for mammography.

So successful was this approach, that when the BUPA contract officially finished in December 1994, 78.3% of all women in the 50-64 year age group had attended. This was well above the UK first round screening participation rate of 71. 4%, and level with the Wessex figure of 78.6%.

### 7.1.3 "Prevalent Round" Results

Overall, 104 previously undiagnosed cancers were detected, of which 50 were in the 50-64 year age group.

A particularly pleasing feature of the programme was the number of very small cancers detected - those less than 10 millimetres in size, and most amenable to successful treatment. 34% of all cancers belonged in this category, well above the UK rate of 21%.

It was felt that the use of "two view" mammography may have led to the higher detection rate of smaller cancers, but credit must also be given to BUPA and their staff for the very high quality programme they obviously ran.

## 7.2 Breast Screening and Assessment comes "on Island"

Another important achievement during 1994 was planning to bring the Breast Screening Programme "on Island", and to achieve a smooth transfer of function once the BUPA Contract finished in December 1994.

### 7.2.1 Planning the New Service

In August 1994, the Board of Health decided in favour of bringing Breast Screening "on Island", following the expiry of the BUPA Contract.

Successful negotiation and co-ordination between the Director of Public Health, Consultant Radiologist, Consultant Pathologist, two Guernsey Surgeons with a special interest in breast cancer, the Radiology Department at the Royal South Hants Hospital and the Wessex Cancer Centre led to successful planning of the service.

The new service is based at the Princess Elizabeth Hospital, close to the A & E Entrance and the Radiology Department. It employs Island based staff, including two Radiographers accredited in mammography (one of whom acts as the Operational Manager of the service), a Nurse Counsellor, data entry and clerical staff.

"Two View" films are taken on Island, but then batched and sent by courier to Southampton, where they are independently read by two Specialist Radiologists.

### 7.2.2 Assessment Clinic

In conjunction with the Consultant Radiologist, Consultant Pathologist, and the two Specialist Surgeons, this service is able to offer a coordinated service for women requiring further assessment - ie those with a suspicion of breast cancer.

Close links are however maintained with the Wessex Cancer Centre, who continue to provide "tertiary level" back up. The Consultant Radiotherapist and Consultant Oncologist from the Wessex Cancer Centre also continue to visit the Island on a regular basis, whilst women requiring more complex treatment can continue to be seen in Southampton.

### 7.2.3 Recruitment and Quality Issues

Although the basis of recall for the new service will be the existing database, it will also rely on the Guernsey Social Security Authority to send out invitations for women turning 50 during each phase of the screening programme.

An “Island Service for Island women” will deliver some savings in operating costs compared with the contract with BUPA. There are also rather larger savings in terms of travel costs for women needing to attend Southampton for routine assessment.

Perhaps the largest gain however, will be in improved convenience for Island women.

Quality will not be sacrificed though. It is intended that the service will meet or better the same stringent quality assurance guidelines which are built into the NHS Breast Screening Programme.

Women attending will also be given an anonymous “Client Satisfaction Survey” to complete, providing them with an opportunity to give their subjective views of the new service.

## 7.3 Drug and Alcohol Services

The Director of Public Health also undertook an important role in the support and co-ordination of further development of Drug and Alcohol Services in Guernsey.

Steps to establish liaison and data comparison with the Wessex Drugs Database have already been mentioned.

Other initiatives included liaison with newly appointed staff at the Guernsey Alcohol and Drug Advisory Centre (GADAC), and with Drug Concern, and joint planning for further development in Community based services.

# 8.0 Occupational Health Services 1994

## 8.1 Occupational Health Clinics

Occupational Health Clinics were held weekly on Friday afternoons throughout 1994 at Lukis House.

During the year, 82 medical examinations were performed at the request of States Departments, and 338 Hepatitis B immunisations were given. 3 Rabies immunisations and 1 Tetanus were also given.

## 8.2 Other Medical Services

A total of 29 other staff were also seen for medical review at the request of the Civil Service Board, or their employers.

The most common reasons for referral were;

- advice on abnormal patterns of sickness absence
- request for early retirement on medical grounds
- request for fitness to continue working past normal retirement age

## 8.3 Redesign of pre-employment Health Questionnaires

Each week approximately 10 - 12 completed health questionnaires are received from prospective employees seeking to enter the States employment, subject to a satisfactory fitness report.

A high portion of these are nursing staff recruited in the UK, and employed on short term contract by the Board of Health.

The existing Health Questionnaire was felt to be somewhat dated and failed to give all information relevant to current conditions of employment.

After extensive consultation, this was re-designed with a view to introduction at the end of 1994.

The pre-employment medical examination form which is sent for completion by a prospective employees own General Practitioner still awaits updating and re-design.

## 8.4. An Occupational Health Service for Guernsey

In 1990, an external Consultant was invited “to provide the Board of Health with a Report, based on a feasibility study into the establishment of an Occupational Health Service for the Department of Health which may sometime in the future be extended to other States Departments.”

The Report considered three options to address these issues;

- continue with currently available services
- examine a “revenue based solution”
- “buy in” services from another Agency

It concluded that an Occupational Health Unit should be established.

This principle was accepted by the Board of Health, and planning proceeded during 1994 to turn this into a reality.

The Occupational Health Service will commence in 1995 and be responsible for;

- pre-employment screening
- immunisation programmes for “at risk” staff
- worksite hazard identification and minimisation
- health surveillance
- minimising work related illness and injuries
- sickness monitoring
- health promotion in the workplace
- advice on suitability for alternative employment
- advice on early retirement.

It is possible that having proved it value amongst Board of Health staff, the Occupational Health Services could be usefully extended to other States Departments.

# 9.0 Marriage and Family in Guernsey -

## An Analysis of Social Trends

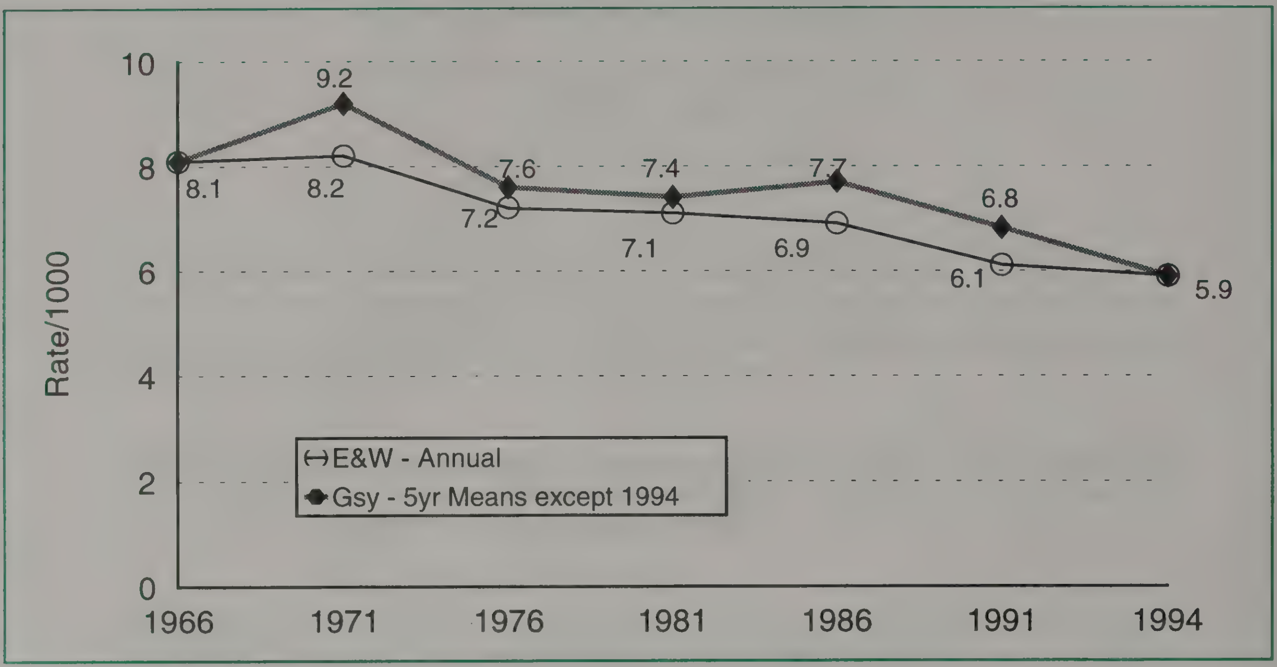
## 1964 - 1994

It should be noted that because numbers of events such as births, marriages and divorces are relatively small in Guernsey, five year mean values have generally been given to add statistical weight.

The far larger numbers of such events in England and Wales mean that annual figures are quite adequate to show trends.

The figures for Guernsey 1994 are "single year" figures however, and are therefore not strictly comparable with the other data. However, they may be of value in confirming the direction of current trends.

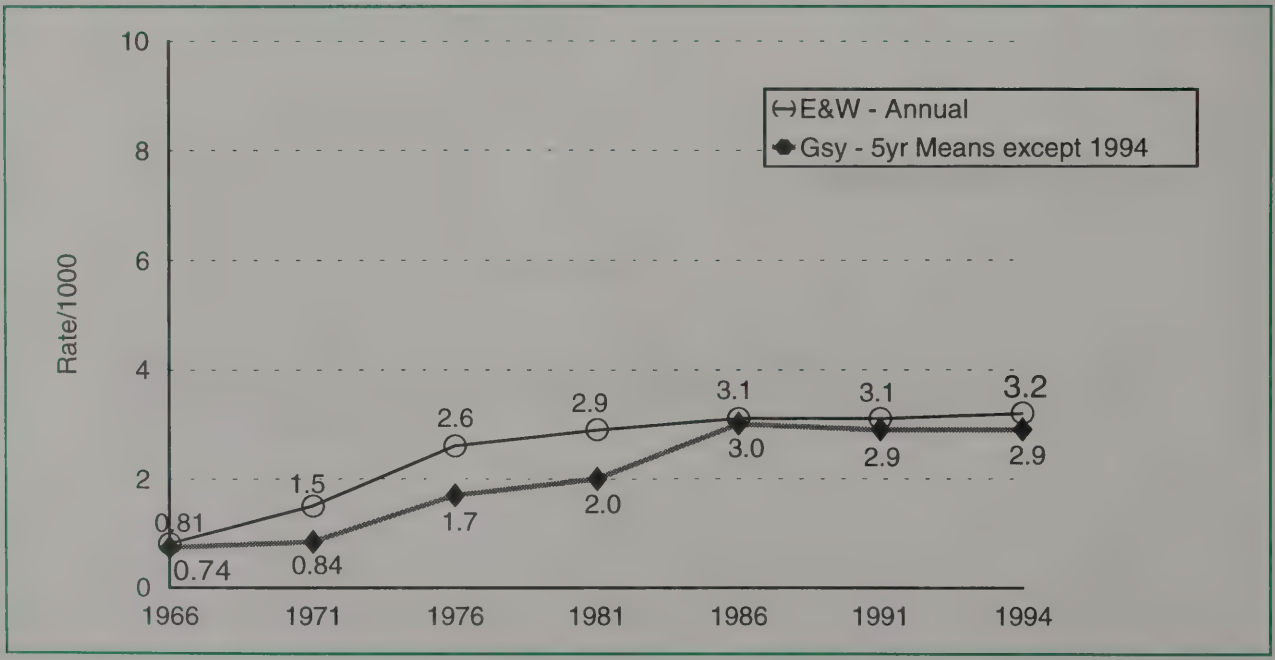
Marriage rates per Thousand Population
Guernsey and England/Wales
1966-1991 and 1994 compared



Source: Population Trends 80 OPCS 1995
States of Guernsey Greffe 1995

Figure 9.1

Divorce rates per Thousand Population
Guernsey and England/Wales
1966-1991 and 1994 compared



Source: Population Trends 80 OPCS 1995
States of Guernsey Greffe 1995

Figure 9.2

# 9.0 Marriage and Family in Guernsey An Analysis of Social Trends 1964-1994

The importance of social factors such as marriage and family structure on health status has been mentioned in Section 2.3.

## 9.1 Marriage (Figure 9.1)

Marriage rates in Guernsey have generally been slightly higher than in England and Wales. However between 1971 and 1994, there has been a drop of 3.3 per 1000 (or 36%) for Marriage Rates, in Guernsey compared with a drop of 2.3 per 1000 (or 28%) in England and Wales. At 5.9 per 1,000 resident population, the 1994 marriage rate for Guernsey appears to be the lowest in post war years. Marriage rates in Guernsey and England/Wales now appear almost identical.

Table **9.1** (Page 54) compares Guernsey 1971 and 1991 Census data. The unmarried population aged 16 and above has increased by 35%, whilst the married population has decreased by 16% over this time.

It would appear that although many Guernsey residents are postponing marriage, they may still be cohabiting. The 1991 Census showed that amongst Guernsey households containing two or more people, 10% of couples were cohabiting rather than being legally married. The comparable figure for England and Wales is 14%.

In England and Wales, the proportion of new marriages where at least one partner had been previously married as a proportion of total marriages increased from 21% in 1951, to 29% in 1971, and to almost 41% in 1993. Apart from determining that a previously married person is legally entitled to remarry, data on remarriage rates is not routinely collected in Guernsey, although this could be calculated if required.

Long term follow up of people born in 1945 in England and Wales, show that over 90% of men, 95% of women eventually marry. There is no reason to believe that a similar proportion of Guernsey residents will not eventually marry, although long term data to confirm this is lacking.

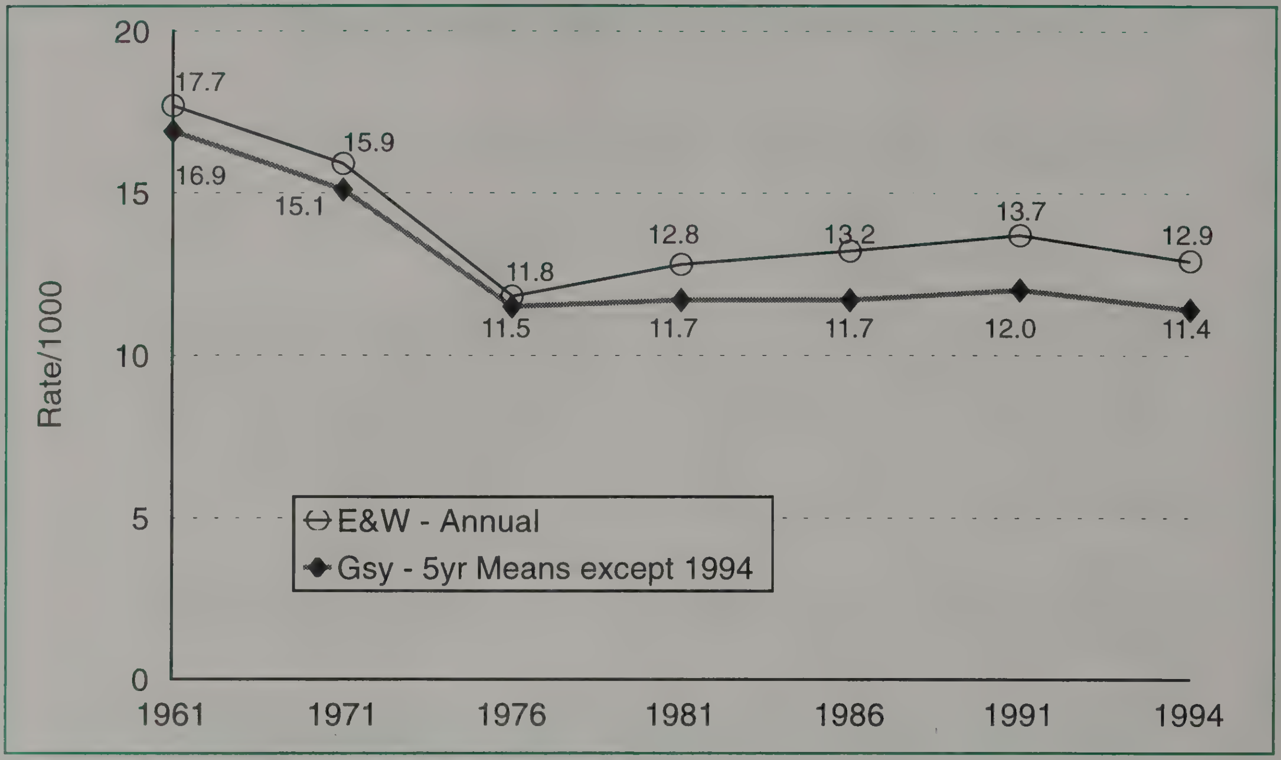
## 9.2 Divorces (Figure 9.2)

Divorce rates in England started rising in 1966. A similar higher rate of increase did not occur in Guernsey until almost five years later in 1971.

Between 1971 and 1994, there has been an increase of over two per thousand in the divorce rate in Guernsey.

Divorce rates for England and Wales have generally been higher, although this gap is narrowing. Starting from a higher base, there has been an increase of 1.7 per 1000 in England and Wales during this period, and this still remains somewhat above the Guernsey figure.

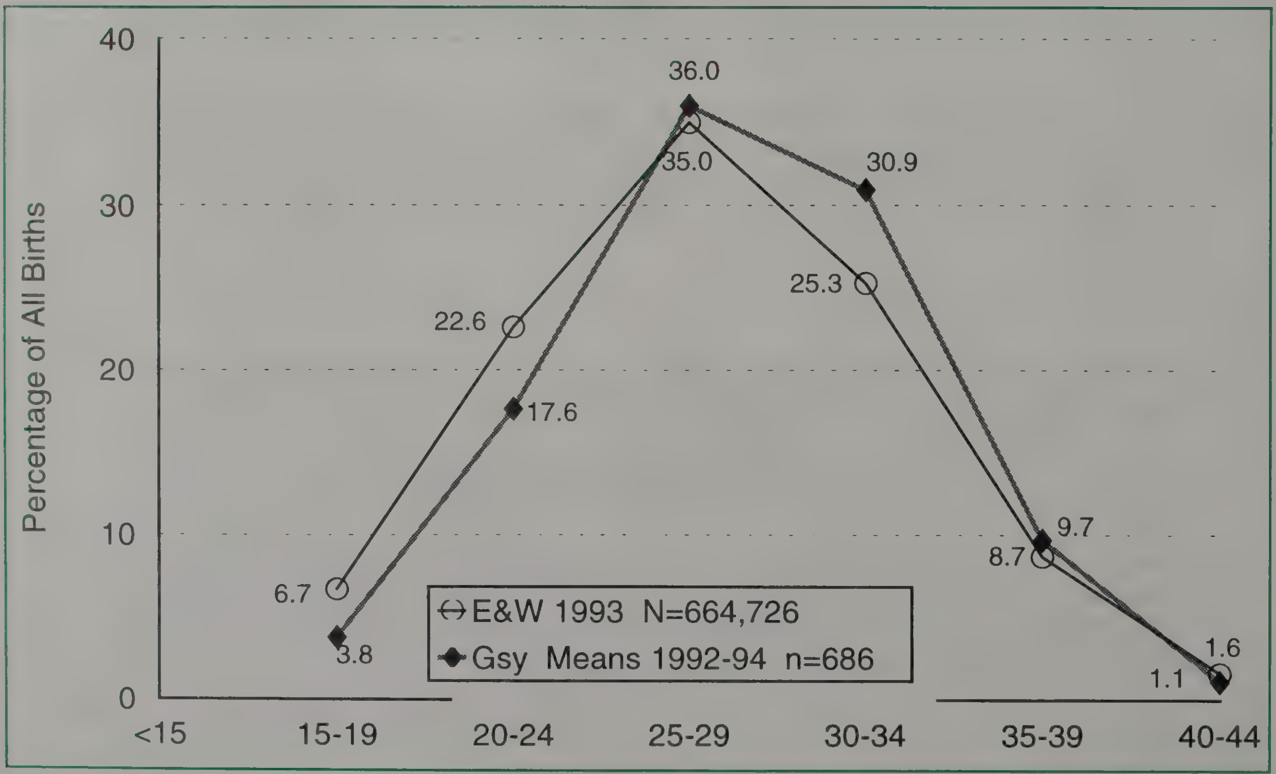
Live birth rates per Thousand Population
Guernsey and England/Wales
1961-1991 and 1994



Source: Population Trends 80 OPCS 1995
PEH Births Statistics 1992-94

Figure 9.3

%age Total Live births by Maternal Age
Guernsey and England/Wales compared
1992 - 1994



Source: Population Trends 80 OPCS 1995
PEH Births Statistics 1992-94

Figure 9.4

It should be noted that this increase in divorce rates seems to have "plateaued" in both Guernsey and England and Wales over the past decade, with an overall slight decrease in Guernsey, and only a modest increase in England and Wales.

## 9.3 Births in Guernsey (Figure 9.3)

Guernsey women are choosing to have fewer babies, and they are having them later in life than their counterparts in the UK.

From the "baby boom" years of 1945-1949, when the crude birth rate (births per 1000 resident population) in Guernsey was 19.7, there was a decline to a low of 11.5 in 1976.

Since then, the crude birth rate has remained relatively stable, although it should be noted that the 1994 rate of 11.4 appears to be the lowest since the war.

The birth rate in Guernsey has been consistently below that in England and Wales, and on the evidence available, this difference is increasing from 0.8 per 1000 in 1971 to 1.7 per 1000 in 1991, and 1.5 per 1000 in 1994.

Because of the differing proportions of women of child bearing years (generally accepted as being 15-44 years) between England and Wales and Guernsey, fertility is more accurately expressed as births per 1000 resident female population aged 15-44 years. This is known as the **General Fertility Rate (GFR).**

The **GFR** was 51.9 for Guernsey in 1991 (5 year mean) and 49.8 for 1994, compared with a rate of 62.6 for England and Wales in 1993 (most recent figures available).

The "completed family size" for Guernsey women now appears to average less than 1.6 children, compared with 1.76 children in England and Wales.

## 9.4 Maternal Age at Child Birth (Figure 9.4)

Not only are Guernsey women having fewer children, they are also choosing to have them later in life.

For example, in England and Wales, 6.7% of all births were to mothers under 20 years, compared with 3.8% in Guernsey.

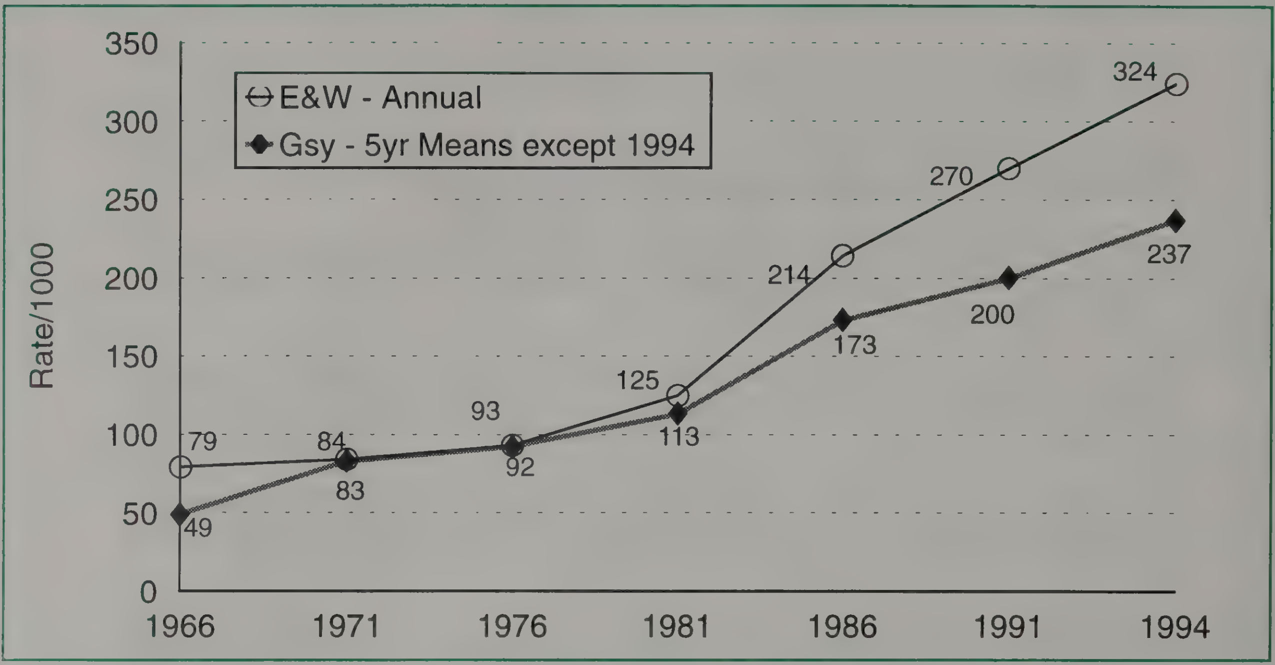
In contrast, almost 31% of births in Guernsey were to mothers aged 30-34 years, compared with only 25.3% amongst births in England and Wales.

It has been suggested that better career opportunities for women, a more affluent lifestyle, and (possibly) the relatively higher cost of housing may contribute towards older mothers and smaller family size in Guernsey.

For example;

- The proportion of economically active women in Guernsey between 1971 and 1991 has increased from 29.6% to 42.6% - a 44% increase.

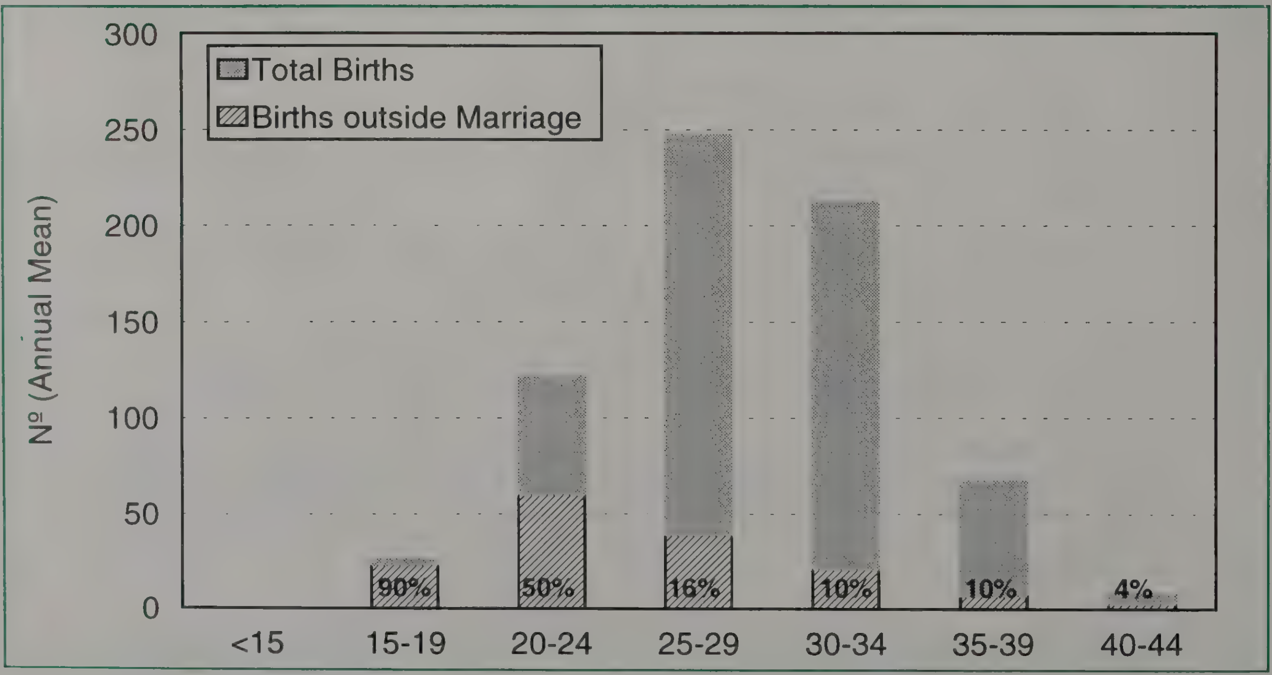
Births Outside Marriage
[Rates per Thousand Live Births]
Guernsey and England/Wales
1966-1991 and 1994 compared



Source: Population Trends 80 OPCS 1995
States of Guernsey Greffe 1995

Figure 9.5

Births Outside Marriage as %age Total Live Births
by Maternal Age
Guernsey 1992-1994



Source: PEH Birth Statistics 1992-94

Figure 9.6

- Economic indicators such as private car ownership has increased from 0.50 to 0.76 per head of adult population (those aged 15 years and over) between 1971 and 1991.

Car ownership in Guernsey at 557 per 1000 head of population is almost 54% higher than the UK where it is 361.

- House prices too are generally higher than in the UK, and costs of buying houses now account for 20.6% of total household expenditure, compared with 16.4% in the UK. (Source - Economics and Statistics Unit).

## 9.5 Births outside marriage (Figure 9.5)

Births outside marriage are also rising in Guernsey, but not as steeply as in England and Wales.

In 1971, births outside marriage were approximately equal at 8.3% in Guernsey, and 8.4% in England and Wales.

By 1991, these figures had risen to 20% in Guernsey, and 27% in England and Wales, whilst the latest figures for 1994 show levels of 23.7% in Guernsey and 32.4% in England and Wales.

Unlike the trends for live birth rates which has plateaued over the past twenty years, there does not seem to be any tendency for this rise in births outside marriage to flatten off.

However, it should be noted that 76% of all births outside marriage in England and Wales were jointly registered by both parents, whilst nearly three quarters of these births were registered by parents living at the same address, and presumably cohabiting.

In Guernsey, the father's name may be included on the birth certificate at the mother's request, even if they are not married. There are of course legal implications to this, in that the "father" might become liable for maintenance should they subsequently separate. Although no figures are formally kept, the impression from HM Greffier is that most births outside marriage in Guernsey are in fact jointly registered, and this could in fact be verified by a manual review of the records.

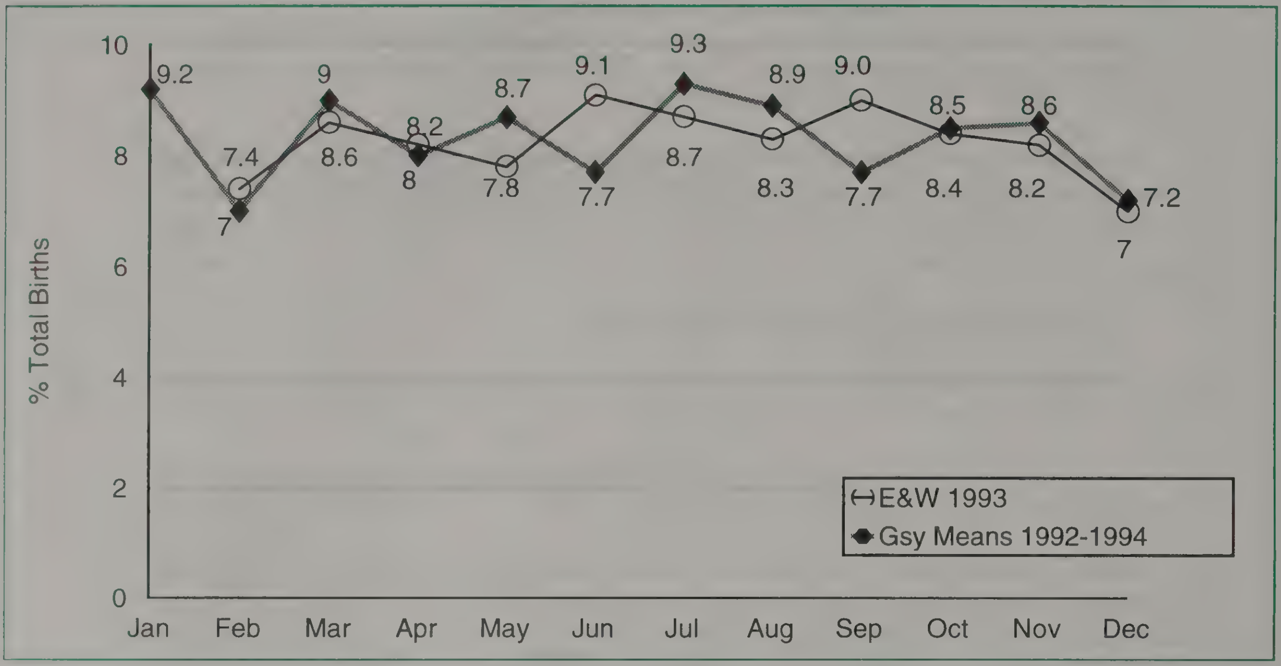
However, the father's address is not recorded, and there is therefore no comparative figures on co-habitation rates.

## 9.6 Births Outside Marriage by Maternal Age (Figure 9.6)

In Guernsey, births outside marriage decrease from 90% amongst mothers aged 15-19 years, to 10% in mothers aged 30 and above. However, the highest number of births outside marriage (60) is amongst women aged 20-24, followed by women aged 25-29 (39) whilst even in the 30-34 age group, births outside marriage are almost equal to those amongst mothers aged 15-19 (23 and 21).

"Illegitimate births" are by no means confined to adolescent mothers.

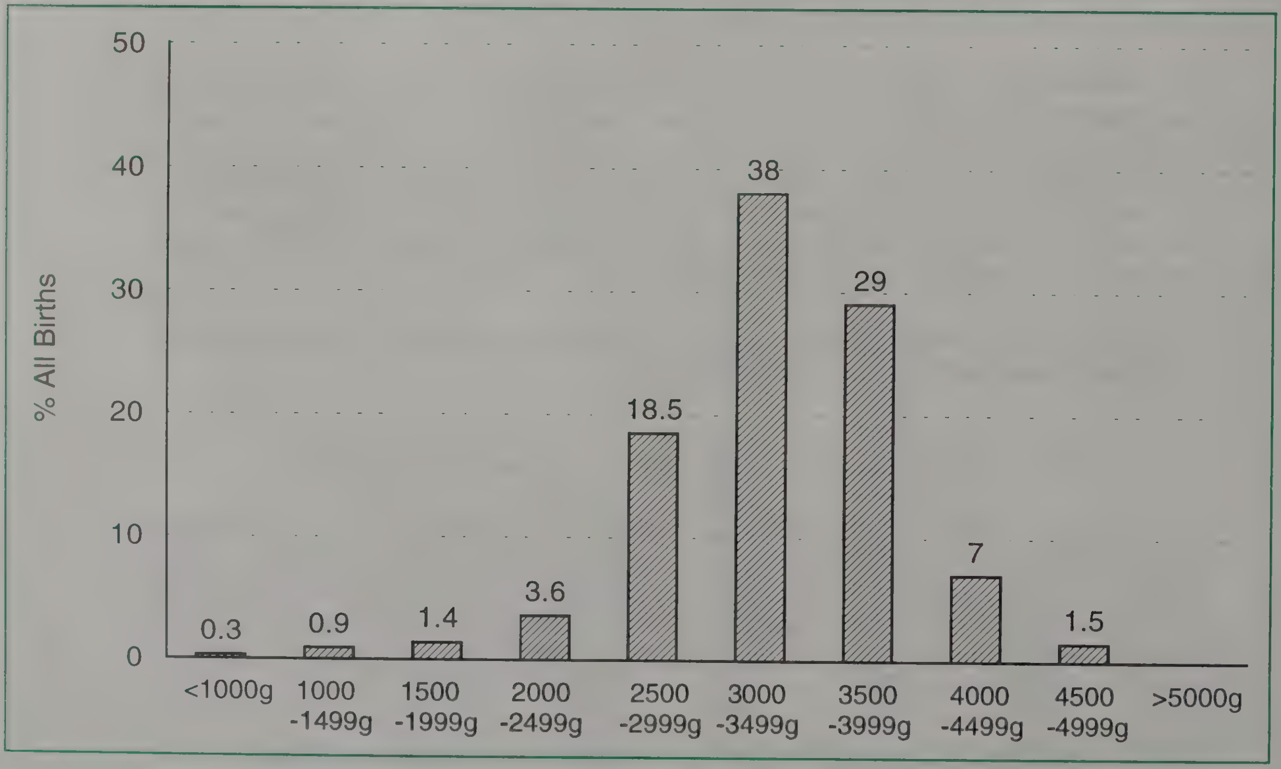
Live births by Month
Guernsey and England/Wales compared
1992 - 1994



Source: Birth Statistics England & Wales 1993 OPCS 1995
PEH Birth Statistics 1992-94

Figure 9.7

Live Births by Birthweight
Guernsey 1992-1994



Source: PEH Birth Statistics 1992-94

Figure 9.8

## 9.7 Seasonal trends in live births (Figure 9.7)

There has been a marked shift in the seasonal pattern of births over the past twenty years in England and Wales, for example against a mean annual index of 100, in 1973 there was a Spring peak with an index of 106 in March, compared with only 94 in December.

By 1993, a Summer peak had become more evident, with an index of 99 in March, rising to 104 for June, July and September, and again declining to 95 in December, against a mean annual index of 100. (Source - Birth Statistics England & Wales 1993, OPCS 1995)

Analysis of births by month in Guernsey for the years 1992, 1993, and 1994 shows no discernible seasonal peak amongst Guernsey births, although a dip in December births is demonstrated.

Even aggregating the data between 1992-1994 shows no obvious match for the seasonal pattern demonstrated in England and Wales.

## 9.8 Live births by birth weight (Figure 9.8)

Slightly fewer low birth weight (LBW) babies - those weighing less than 2500 grams are born in Guernsey compared with England and Wales (6.2% cf 6.6% of all live births).

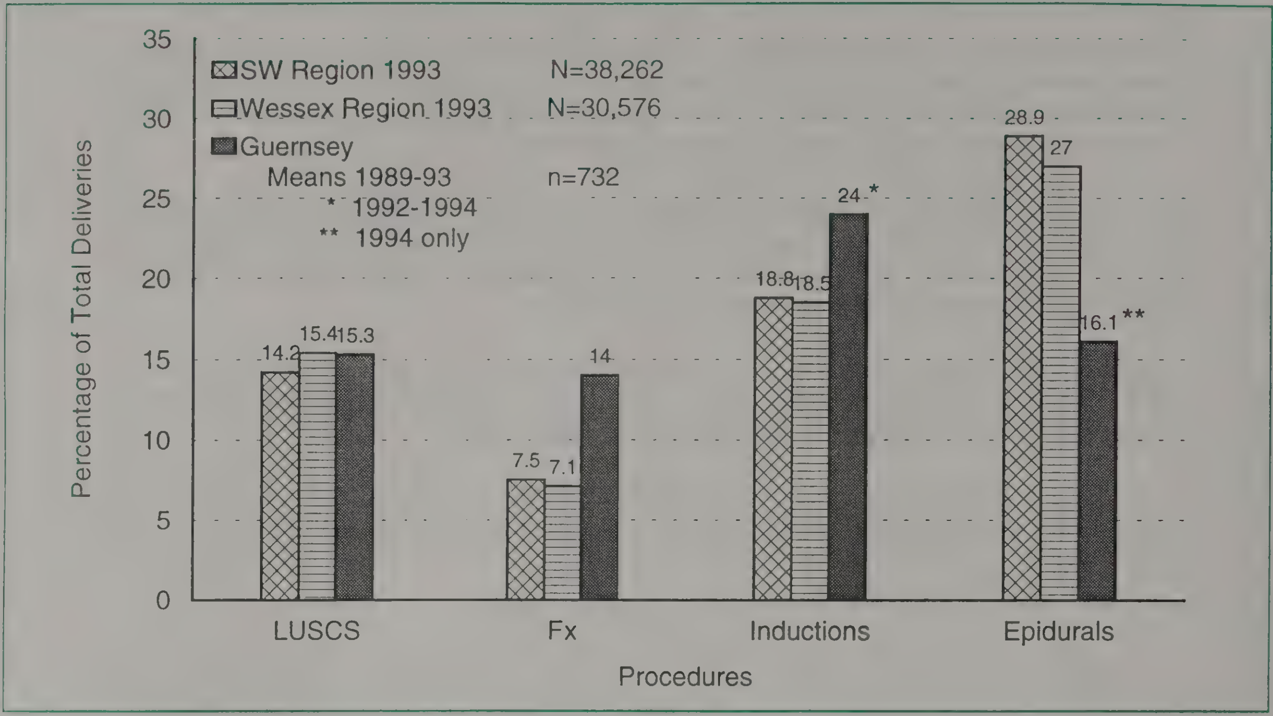
This may be a social class factor, related to a more affluent population. In England and Wales, it has been found that LBW babies comprise 7.2% of all live births to mothers of a "manual class" background compared with only 5.7% to mothers of a "non manual" background.

Unfortunately, routine sociodemographic data is not usually collected on births to Guernsey mothers.

Similarly, LBW babies in England and Wales comprise 6.1% of births within marriage, compared with 7.8% of births outside marriage. The lower rate of births outside marriage may also influence the fewer LBW babies born in Guernsey.

Very few Guernsey women with particularly difficult pregnancies (which may tend to smaller babies) are now electively delivered in England.

Obstetric Interventions
NHS South West/Wessex Regions and Guernsey compared



Source: Annual Statistical Returns 1993 (Royal College of Obstetricians and Gynaecologists 1995)
Maternity Services PEH

Figure 9.9

## Explanation of Terms

| | |
|---|---|
| **LUSCS:** | Lower Uterine Segment Caesarian Section ie operative delivery of the baby through the abdomen. |
| **Fx:** | Forceps delivery - the use of obstetric forceps to assist a vaginal delivery. |
| **INDUCTION:** | Initiating labour by mechanical or chemical means. |
| **EPIDURAL ANAESTHESIA:** | A form of anaesthesia where local anaesthetic is introduced around the spinal cord to help reduce pain during labour. |

## 9.9 Obstetric Interventions (Figure 9.9)

As discussed in the Introduction to this Annual Report, Public Health Medicine is increasingly interested not just in population health indicators (such as birth and death rates), but in health service indicators - all those health interventions provided to meet the health needs of the population.

Modern health information technology is a relatively recent introduction in Guernsey, whilst many useful health service indicators have not been routinely collected or analysed in the past.

Rather more surprisingly, it has been extremely difficult to obtain comparative data from England and Wales, where following the NHS reorganisation, much data now seems to be held at Regional level.

With these constraints in mind, comparing the data from Guernsey for 1989-1993, with the South West Region and the Wessex Region of England, shows that the Caesarean Section rate in Guernsey at 15.3% of all deliveries lies above the South West (14.2%) and about equivalent to Wessex (15.4%).

Given that the Guernsey data is incomplete, on the data available, inductions appear to be higher in Guernsey (24% compared with 18.5%-18.8%), forceps deliveries appear to be higher (14% compared with 7.1%-7.5%), whilst epidural anaesthesia rates are lower (16.1% compared with 27%-28.9%) in the South West and Wessex Regions.

Having demonstrated such differences, it becomes important to look for reasons.

It may be there are differences in coding practice, or alternatively there could be true differences in obstetric practice, or public expectations.

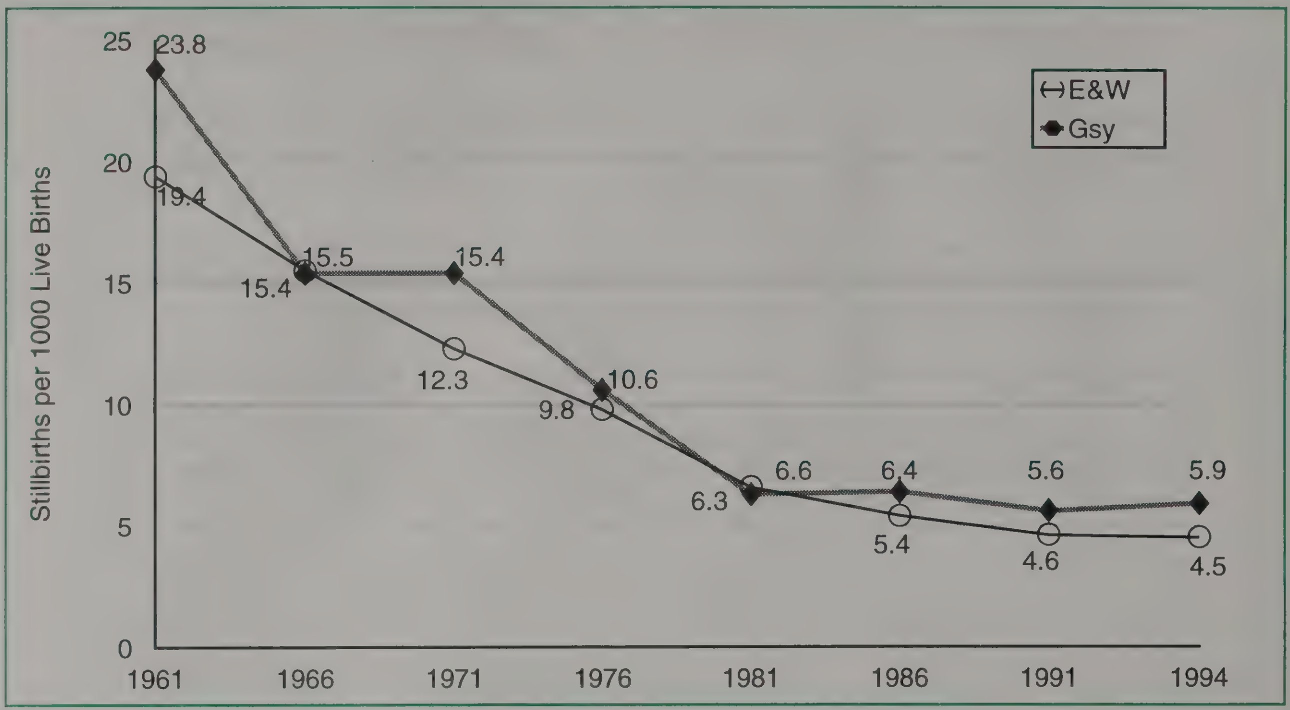
Obstetricians on the Island already audit caesarian sections and other obstetric interventions, and it is expected that both the induction rate and forceps delivery may now reduce in the future.

The epidural rate represents one year's figures only, and may not be complete. It is also possible that "demand" may be less in Guernsey compared with parts of England and Wales.

Nonetheless, if Guernsey is to develop the best mix of health services, such figures re-emphasise the importance of ongoing audit of clinical procedures, analysis of results within a comparative framework, and further investigation of any differences of practice or outcome which are demonstrated.

Continuing development of clinical audit must be a priority for future years.

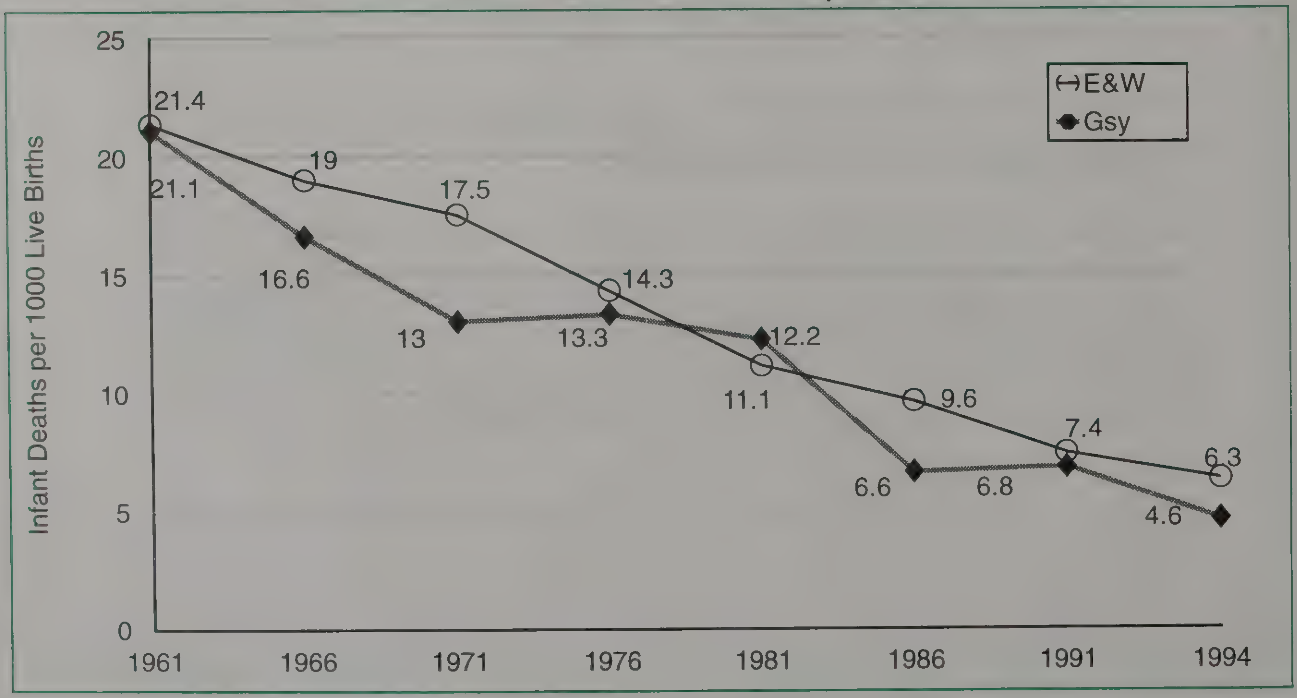
Stillbirths per Thousand Live Births
Guernsey and England/Wales
1961 - 1991 and 1994 compared



Source: Population Trends 80 OPCS 1995
States of Guernsey Greffe 1995

Figure 9.10

Infant Deaths per Thousand Live Births
Guernsey and England/Wales
1961 - 1991 and 1994 compared



Source: Population Trends 80 OPCS 1995
States of Guernsey Greffe 1995

Figure 9.11

## 9.10 Stillbirths (Figure 9.10)

There have been a major drop in stillbirths from 23.8 per 1000 live births in 1961 to 5.6 in 1991 (75% decrease) in Guernsey, compared with a fall from 19.4 to 4.6 (76% decrease) in England and Wales during this period.

It should be noted however that stillbirth rates in Guernsey have generally been a little above those in England and Wales.

Because numbers are small, there are wide confidence intervals around these figures, and one stillbirth more or less each year will make a large difference to overall percentages.

Obstetricians and Paediatricians in Guernsey already regularly review perinatal mortality and morbidity, but given the consistency of this finding, ongoing review of perinatal procedures may well lead to some modest health gain in this area.

It should be noted that the **Births and Deaths Registration Act 1953** defined a still birth as “a child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother breath or show other signs of life”.

On the 1 October 1992, the **Stillbirth (Definition) Act 1992** came into force altering the definition of a stillbirth to 24 complete weeks gestation or more, instead of the previous definition of 28 complete weeks gestation or more.

Under this definition, the stillbirth rate for England and Wales is 5.7, but this reduces to approximately 4.5 if the older definition is still used. (Source: OPCS Update .6.1995)

Although such a change of definition has been proposed in Guernsey, it has yet to be enacted, and therefore direct comparisons between the official stillbirth rates in Guernsey and England and Wales are now no longer possible.

## 9.11 Infant Deaths (Figure 9.11)

Infant deaths refer to all deaths of liveborn babies before their first birthday, they are commonly related to social factors such as maternal smoking, poor housing, or overcrowded home conditions, and have shown a steady decline from 21.1 per 1000 live births in 1961, to 4.6 in 1994 (a 78% decrease) in Guernsey, compared with a fall from 21.4 to 6.3 (a 77% decrease) in England and Wales.

Again, the small numbers mean there is a high degree of statistical uncertainty around the figures for Guernsey.

## Table 9.1

### Marital Status - rates per 1000 population aged 15 years and over

| | 1971 | 1991 | % change |
|---|---|---|---|
| **Single** | 191 | 257 | +35% |
| **Married** | 699 | 588 | -16% |
| **Widowed** | 97 | 89 | -8% |
| **Divorced** | 13 | 66 | +408% |

Source: Guernsey Census 1971, 1991

## Table 9.2

### Private Households by Household Size

| | No of Households | | |
|---|---|---|---|
| **No of People** | **1971** | **1991** | **% change** |
| **1 person** | 2546 | 4641 | +82 |
| **2 persons** | 5338 | 7293 | +37 |
| **3-4 persons** | 6035 | 7337 | +22 |
| **5 or more persons** | 2527 | 1942 | -23 |
| **All households** | 16446 | 21215 | +29 |

Source: Guernsey Census 1971, 1991

## 9.12 What does it mean?

In the early years of this Century, Guernsey had marriage rates of 15-16 per 1000 population, birth rates of 26-28 per 1000 population, stillbirths at over 50 per 1000 live births, and infant deaths over 200 per 1000 live births. Divorces were extremely rare.

There have been more profound social change in marriage and family in Guernsey over the past twenty years than in the preceding eighty. In summary, between 1971 and 1994;

- Marriages have declined from 8.7 to 5.9 per 1000 resident population - the lowest ever.
- The birth rate has declined from 15.9 to 12.9 per 1000 resident population - the lowest ever.
- Births outside marriage have increased from 83 to 237 per 1000 live births - the highest ever.
- Divorces have increased from 0.4 to 2.6 per 1000 resident population - the highest ever.

Such profound social changes must have a major impact on the health of the population, and the health services required.

## 9.13 Effects on Housing and Transport

One obvious effect is on housing requirements.

As shown in Table 9.2 (Page 54), between the 1971 and 1991 Censuses, there has been an increase in single person households of 82%, from 15.5% to 21% of all occupied households.

Similarly, the number of households with five or more persons declined by 23%, from 15.4% to only 9% of all occupied households between these years.

Viewed alternatively, in 1971, 16,446 households were occupied by 50,921 residents averaging 3.01 persons per household.

By 1991, 21,215 households were occupied by 58,867 resident population, averaging 2.77 persons per household.

In other words, there has been a 15.6% rise in population, a 29% increase in the number of households but a 8% drop in persons per household over this period. Such a marked demographic change has an obvious impact on the type of housing stock Guernsey requires, and must create increasing pressures on land use and vehicular congestion, unless there are appropriate changes towards higher density housing and improved public transport.

Such pressures undoubtedly have flow-on health effects, which will affect the entire population.

## 9.14 Effects on Child Health

Many Paediatricians and Child Psychologists would argue that the most important influence on our parenting ability is our experiences of parenting during our own childhood.

The divorce rate at 2.9 per 1000 is now almost half the marriage rate (5.9 per 1000), and there will be an increasing proportion of the Island's children coming from single parent or divorced households.

It might be predicted that as a result, many of these children may experience relationship difficulties as they grow older, and as they attempt to bring up children of their own.

This will be accentuated in a small Island community like Guernsey by the potential for frequent contact with the separated parent, when compared with the relative anonymity of a large city. This means that the acrimony which often attends separation and divorce has to be constantly lived with.

On the positive side however, if the separation and divorce processes have been well managed, then there will be greater opportunities for children to enjoy regular contact with both parents.

### 9.15 Psychological Effects on Child Health

The States Consultant Child and Adolescent Psychiatrist Dr Penny Thompson comments on these trends;

> "The quality of the parental marriage is an important factor in whether a child develops an emotional or behavioural disorder. Children of parents whose marriages are characterised by quarrelling and mutual dissatisfaction, criticism, hostility and lack of warmth are more likely to become disturbed. It seems to be that parental disharmony rather than separation from parents is the crucial factor which increases the development of psychological disorders.
>
> Protective factors include the degree to which parents can make amicable arrangements for access and the quality of their own relationship with the child, the availability of other good relationships both within the home ie; with siblings, and outside it, and the child's temperament.
>
> Children of single parents are somewhat more likely to show behavioural and emotional problems, especially if there is a lack of support from grandparents and friends. Isolated single parents often face serious financial disadvantages and if they develop even a minor illness the lack of alternative care for the children may pose problems."

Not all children of separated or divorced parents will experience such difficulties of course, and many will readily adapt to changes in family circumstances.

However this potential does exist, especially amongst unsupported single parents.

Both planners and providers of health and social services must therefore remain aware of these trends, if adverse outcomes generally are to be minimised.

## 9.16 CONCLUSIONS

There will be many on the Island who deplore recent social trends, and nostalgically remember the time when the nuclear family with extended family support networks was still popularly regarded as the norm. Reality is different today.

On an annual basis, fewer people are choosing to marry (although some may cohabit), women are choosing to work in preference to starting a family, they are choosing to have fewer children, and to have them later in life than ever before.

Although there are fewer babies born on the Island, they are generally healthier, with fewer of low birth weight, fewer stillbirths, and fewer infant deaths than ever before.

Unfortunately, more children will experience a divorce in their family, and it is also likely that increasing number will be exposed to second and subsequent marriages, with more children having to learn to adapt to life with the offspring of a former marriage.

One recent analysis of such trends in England and Wales has concluded

> "The marital cycle of marriage, divorce and remarriage has wider implications than those on the immediate spouses themselves: thus, in-laws are gained and lost; contact may be lost with children; stepchildren can be acquired; and lone parenthood if it occurs can last for either a brief or a long period. There are therefore a large number of consequences for the structure of families, especially extended families, and the social networks for their members." (Source - Population Trends 72, OPCS 1993)

Such major demographic changes have important implications for education, housing, health, transport, and social planning on the Islands.

In wishing that the reality was otherwise, it would be foolish to ignore the potential health consequences of such major social changes, or fail to plan accordingly to address these.

Appropriate, accessible and affordable professional help can do much to assist parents and children cope with the stresses of separation and divorce, and successfully face the challenges which such changes must bring.

The continuing development of Community based Child Health, Psychiatric, and Social Services will help ensure such support is available.

## 10.1 Guernsey - Vital Statistics 1994

| | Guernsey | | |
|---|---|---|---|
| | **1994** | **5 Year Mean 1989-1993** | **England & Wales 1993/4** |
| **Estimated Mid Year Resident Population:** | 59,472 | 58,867 | 51,439,200 |
| • Males (est) | 28,600 | 28,297 | 25,198,400 |
| • Females (est) | 30,870 | 30,570 | 26,240,800 |
| • M : F | 0.926 | 0.925 | 0.96 |
| **Population Density [Area 63.1Km$^2$]:** | 943 | 933 | 236 (UK) |
| **Marriages:** | 349 | 401 | 299,200 |
| • Marriages/000 | 5.86 | 6.81 | 5.8 |
| **Divorces:** | 155 | 173 | 165,000 |
| • Divorces/000 | 2.6 | 2.93 | 3.2 |
| Divorces : Marriages | 0.44 | 0.43 | 0.55 |
| **Births:** | 676 | 725.6 | 664,726 |
| • Males | 336 | 370.8 | 341,321 |
| • Females | 340 | 354.8 | 323,405 |
| • M : F | 0.99 | 104.5 | 105.6 |
| **Births outside marriage:** | 160 | 148.2 | 215,536 |
| • % All Births | 23.7% | 20.4% | 32.4% |
| **Stillbirths:** | | | |
| • Rate/100 | 4 | 4 | 3,813 |
| Live Births | 5.9 | 5.5 | 5.7 |
| **Neonatal Deaths:** | 1 | 2.4 | 2,738 |
| • Neonatal Death Rate | 1.5 | 3.3 | 4.18 |
| **Infant Deaths:** | 3 | 4.2 | 4,101 |
| • Infant Death Rate | 4.6 | 5.7 | 6.2 |
| **Crude Birth Rate:** | 11.4 | 12.3 | 12.9 |
| **Natural Fertility Rate:** | 50.6 | 53.3 | 61.8 |

## 10.1 Births and Birth Related Data

### 10.1.1 Resident Population and Population Density

Rises in population and population density received comment in the 95th Annual MOH Report. The 1994 data are "best estimates" confirmation of these trends will come from the published results of the 1996 Census.

The smaller proportion of men in the population compared with England and Wales no doubt relates to more males choosing to work "off Island".

### 10.1.2. Marriage and Divorce

The decreasing number of marriages, and the rising number of divorces has already received comment in the section on "Marriage and Family". The increasing proportion of divorces:marriages probably relates more to falling marriage rates, than rising divorce rates.

### 10.1.3. Births and Births Outside Marriage

The fall in total births and birth rate, and the rise in births outside marriage has also received comment in the section on "Marriage and Family".

There is typically a greater proportion of males born in the human population. The almost equal number in Guernsey in 1994 is therefore probably atypical.

### 10.2.4 Stillbirths, Neonatal and Infant Deaths

As already explained in "Marriage and Family" the definition of a stillbirth has altered in England to deaths after 24 weeks of gestation.

Guernsey still retains the older definition of deaths after 28 weeks of gestation, and so figures are no longer directly comparable with England and Wales.

The neonatal death rate is derived from the stillbirth rate, comprising stillbirths and deaths in the first seven days of life (early neonatal death) or stillbirths plus deaths in the first 28 days of life (neontal death rate).

### 10.2.5 Crude Birth Rate and Natural Fertility Rate

Women in Guernsey are choosing to have fewer babies per year, and few babies overall than their counterparts in England and Wales.

## 10.2 Guernsey - Vital Statistics 1994 (contd)

| | **Guernsey** | | |
|---|---|---|---|
| | **1994** | **5 Year Mean 1989-1993** | **England & Wales 1993/4** |
| **Total Deaths:** | 591 | 591 | 568,200 |
| • Males | 295 | 294 | 297,200 |
| • Females | 296 | 297 | 299,000 |
| • M : F | 0.99 | 0.99 | 0.93 |
| **Crude Death Rate:** | 9.9 | 10.0 | 10.8 |
| **Circulatory Deaths: (390/459)** | | | |
| • Males | 391 | 417 | 410.7 |
| - Rate/00,000 | | | |
| • Females | 375 | 402 | 408.3 |
| - Rate/00,000 | | | |
| **Cancer Deaths: (151-208)** | | | |
| • Males | 353 | 332 | 315.4 |
| - Rate/00,000 | | | |
| • Females | 298 | 255 | 258.6 |
| - Rate/00,000 | | | |
| **Lung Cancer Deaths: (162)** | | | |
| • Males | 108.4 | 101.7 | 96.7 |
| - Rate/00,000 | | | |
| • Females | 45.8 | 45.1 | 41.7 |
| - Rate/00,000 | | | |
| **Breast Cancer Deaths: (174)** | | | |
| • Females | 61.54 | 41.14 | 49.6 |
| - Rate/00,000 | | | |
| **Chronic Liver Disease and Cirrhosis (571):** | | | |
| • Males | 17.5 | 12.7 | 6.8 |
| - Rate/00,000 | | | |
| • Females | 16.2 | 8.4 | 5.9 |
| - Rate/00,000 | | | |
| **Injury Deaths: (E810-E949)** | | | |
| • Males | 10.5 | 14.1 | 13.9 |
| - Rate/00,000 | | | |
| • Females | 6.5 | 9.2 | 11.7 |
| - Rate/00,000 | | | |
| **Suicide Deaths: (E950-E959)** | | | |
| • Males | 7 | 9.9 | 10.8 |
| - Rate/00,000 | | | |
| • Females | 6.5 | 4.6 | 3.1 |
| - Rate/00,000 | | | |
| **Natural Increase/ per annum:** | 0.14% | 0.20% | 0.23% |

## 10.2 Guernsey Deaths and Death Related Data

### 10.2.1 Total Deaths and Crude Death Rate

The observed total deaths, and crude death rate in Guernsey is some 8.5% lower than would be expected if the rate for England and Wales were applied to the Guernsey population. If this "fewer than expected" deaths is confirmed at the 1996 Census, it will have important implications for health and social planning.

### 10.2.2 Deaths from Circulatory Disease

These are also less than the equivalent rate for England and Wales, and also less than the previous five year means. If this trend continues, it may reflect a move amongst many towards healthier diets and healthier lifestyles on the Island.

### 10.2.3 Cancer Deaths

In contrast, cancer deaths for both men and women are markedly higher than for England and Wales, and also higher than for previous years. Part of this difference is caused by increased deaths from lung cancer. Reduction in tobacco related disease must remain a health priority.

Generally, deaths from breast cancer are slightly less than those in England and Wales. The particularly high numbers demonstrated during 1994 are therefore felt to be atypical.

### 10.2.4 Chronic Liver Disease and Cirrhosis

Chronic liver disease and cirrhosis have typically been higher in Guernsey for both men and women. Further data is needed before it can be said that the higher than usual rates demonstrated in 1994 represent a statistical trend.

### 10.2.5 Injury and Suicide Deaths

Typically both road related and suicide deaths in Guernsey have been somewhat less than in England and Wales. This is again demonstrated in the 1994 figures.

### 10.2.6 Natural increases

Natural increase is the difference between crude birth and crude death rates expressed as a percentage of the resident population. The lower than usual figure relates to the fewer births experienced during 1994.

## 10.3 Alderney Vital Statistics

| | Males | Females | Total |
|---|---|---|---|
| **Population** (1991 Census): | 1109 | 1188 | 2297 |
| • M : F | | | 0.93 |
| **Births** - In Guernsey: | 18 | 7 | 25 |
| - Outside marriage: | 5 | 0 | 5 |
| **Births** - In Alderney: | 2 | 1 | 3 |
| **Total Births** to Alderney Residents: | 20 | 8 | 28 |
| **Marriages** Registered in Alderney: | | | 17 |
| **Deaths** Registered in Alderney: | 16 | 11 | 27 |
| **Natural Increase:** | 1 (0.4%) | | |

## 10.3 Public Health in Alderney 1994

**Comments by Dr Struan Robertson (formerly Deputy Medical Officer of Health - Alderney)**

### 10.3.1 Water Supply

This was the year of the dry summer following a dry winter and a previous dry summer. Although a hose pipe ban was in force, the water supply was not in danger. The situation was relieved by the heavy rains in the autumn. Future problems were minimised by the sinking of numerous boreholes and the water linkage from the Bonne Terre stream to the main reservoir.

### 10.3.2 Solid Waste Disposal

Problems were experienced from the smoke nuisance from the Impot when manning was discontinued as a false economy. Smoke pollution was experienced at several sites when uncontrolled burning resulted in low temperature combustion.

This has been partially alleviated by a return to controlled dumping and burning when weather conditions have been suitable. The establishment of glass and bottle banks at the harbour have helped with rubbish disposal. Nevertheless, the disposal of rubbish in Alderney remains a problem which will need to be addressed by the States.

### 10.3.3 The Rat Problem

The rat problem remains endemic. Hot spots occurred this year mainly in agriculture where crops have not been harvested. The States agricultural team conduct a weekly rat control programme. Within the domestic area the use of unprotected comestible rubbish in plastic sacks remains a problem because the sacks are ripped open by dogs, cats and seagulls which allow unnecessary fodder for rats. There is an Ordinance prohibiting the use of unprotected sacks for comestible rubbish but this is "honoured more in the breach than the observance thereof".

### 10.3.4 Sewage Outfall

The pressure main from the Braye pumphouse to the outlet at Fort Doyle has been completed which will cope with the Banquage and Braye Street, but is not yet in action due to the slow delivery of vital valves from the United Kingdom.

### 10.3.5 Environmental Surveillance

The Dairy is regularly tested by the Environmental Health Officer from Guernsey and complies with the statutory requirements. The same applies to the testing of the water quality.

# Table 10.4 - Deaths By ICD-9CM 3 Figure Code, Sex and Age Group

## 10.4 *GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1994*

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | GROUP I | | | | | | | | | | | | | | | | |
| | Infectious and Parasitic Diseases | | | | | | | | | | | | | | | | |
| 11 | Pulmonary Tuberculosis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 16 | Tuberculosis of Genito-urinary system | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 36 | Meningococcal Infection | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 38 | Septicaemia | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 49 | Other viral diseases of central nervous system | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| 117 | Other Mycoses | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| 124 | Trichinosis | - | 2 | - | - | - | - | - | - | - | - | - | 1 | - | 1 | - | - |
| 135 | Sarcoidosis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group 1 | 2 | 2 | - | - | - | - | - | - | 1 | - | 1 | 1 | - | 1 | - | - |
| | GROUP II | | | | | | | | | | | | | | | | |
| | Neoplasms | | | | | | | | | | | | | | | | |
| 142 | Malignant neoplasm of major salivary glands | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 144 | Malignant neoplasm of floor of mouth | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 145 | Malignant neoplasm of other and unspecified parts of mouth | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - |
| 146 | Malignant neoplasm of the oropharynx | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 147 | Malignant neoplasm of the nasopharynx | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 150 | Malignant neoplasm of oesophagus | 5 | 5 | - | - | - | - | - | - | - | - | 1 | 1 | 2 | - | 2 | 4 |
| 151 | Malignant neoplasm of stomach | 4 | 3 | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 3 | 2 |
| 153 | Malignant neoplasm of colon | 13 | 8 | - | - | - | - | - | - | - | - | 5 | - | 3 | 1 | 5 | 7 |
| 154 | Malignant neoplasm of rectum, rectosigmoid junction and anus | 3 | 2 | - | - | - | - | - | - | - | - | 1 | 1 | 2 | - | - | 1 |
| 155 | Malignant neoplasm of liver and intrahepatic bile ducts | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 156 | Malignant neoplasm of gall bladder and intrahepatic bile ducts | - | 2 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| 157 | Malignant neoplasm of pancreas | 3 | 7 | - | - | - | - | - | - | - | 1 | 2 | 1 | - | 2 | 1 | 3 |
| | Carried Forward | 28 | 28 | - | - | - | - | - | - | - | 1 | 9 | 4 | 8 | 5 | 11 | 18 |

*10.4 continued*

## *GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1994*

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | Brought Forward | 28 | 28 | - | - | - | - | - | - | - | 1 | 9 | 4 | 8 | 5 | 11 | 18 |
| 159 | Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum | - | 3 | - | - | - | - | - | - | - | - | - | - | - | - | - | 3 |
| 160 | Malignant neoplasm of nasal cavities, middle ear and accessory sinuses | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 162 | Malignant neoplasm of trachea, bronchus and lung | 31 | 14 | - | - | - | - | - | - | - | - | 9 | 7 | 8 | 4 | 14 | 3 |
| 163 | Malignant neoplasm of pleura | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| 171 | Malignant neoplasm of connective and other soft tissue | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 172 | Malignant melanoma of skin | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| 173 | Other malignant neoplasm of skin | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 174 | Malignant neoplasm of female breast | - | 19 | - | - | - | - | - | - | - | 1 | - | 4 | - | 6 | - | 8 |
| 180 | Malignant neoplasm of cervix uteri | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 182 | Malignant neoplasm of body of uterus | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 |
| 183 | Malignant neoplasm of ovary and other uterine adnexa | - | 2 | - | - | - | - | - | - | - | - | - | 1 | - | 1 | - | - |
| 184 | Malignant neoplasm of other and unspecified female genital organs | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 185 | Malignant neoplasm of prostate | 15 | - | - | - | - | - | - | - | - | - | 1 | - | 3 | - | 11 | - |
| 188 | Malignant melanoma of bladder | 4 | 2 | - | - | - | - | - | - | - | - | 1 | - | 1 | - | 2 | 2 |
| 189 | Malignant neoplasm of kidney and other and unspecified urinary organs | 3 | - | - | - | - | - | - | - | - | - | - | - | 2 | - | 1 | - |
| 191 | Malignant neoplasm of brain | - | 2 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| 192 | Malignant neoplasm of other and unspecified parts of nervous system | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - |
| 193 | Malignant neoplasm of the thyroid gland | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 194 | Malignant neoplasm of other endocrine glands and related structures | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Carried Forward | 83 | 76 | - | - | - | - | - | - | 1 | 2 | 20 | 18 | 22 | 17 | 40 | 39 |

***10.4 continued***

## ***GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1994***

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | Brought Forward | 83 | 76 | - | - | - | - | - | - | 1 | 2 | 20 | 18 | 22 | 17 | 40 | 39 |
| 195 | Malignant neoplasm of other and ill-defined sites | 1 | 2 | - | - | - | - | - | - | - | 1 | - | - | - | - | 1 | 1 |
| 198 | Secondary malignant neoplasm of other specified sites | 2 | 5 | - | - | - | - | - | - | - | - | 1 | 1 | 1 | 1 | - | 3 |
| 199 | Malignant neoplasm without specification of site | 1 | 3 | - | - | - | - | - | - | - | - | - | 3 | 1 | - | - | - |
| 200 | Lymphosarcoma and reticulosarcoma | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 201 | Hodgkin's disease | 2 | - | - | - | - | - | - | - | - | - | 2 | - | - | - | - | - |
| 202 | Other malignant neoplasm of lymphoid and histiocytic tissue | 5 | 2 | - | - | - | - | - | - | 1 | - | - | - | 1 | 1 | 3 | 1 |
| 203 | Multiple myeloma and immunoproliferative neoplasms | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - |
| 204 | Lymphoid leukaemia | 2 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 1 |
| 205 | Myeloid leukaemia | 3 | 2 | - | - | - | - | - | - | - | - | 1 | 1 | 1 | - | 1 | 1 |
| 206 | Monocytic leukaemia | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 238 | Neoplasm of uncertain behaviour of other and unspecified sites and tissues | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group II | 101 | 92 | - | - | - | - | - | - | 2 | 3 | 24 | 23 | 26 | 19 | 49 | 47 |
| | GROUP III<br>Endocrine, Nutritional and Metabolic diseases and Immunity Disorder | | | | | | | | | | | | | | | | |
| 244 | Acquired hypothyroidism | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - |
| 250 | Diabetes Mellitus | 4 | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | 4 | - |
| 253 | Disorders of the pituitary gland and its hypothalamic control | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| 277 | Other and unspecified disorders of metabolism | 1 | 1 | - | - | - | 1 | - | - | - | - | - | 1 | 1 | - | - | - |
| | Totals Group III | 6 | 3 | - | - | - | 1 | - | - | - | - | 1 | 2 | 1 | 1 | 4 | - |

*10.4 continued*

## GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1994

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | GROUP IV<br>Diseases of blood and bloodforming organs | | | | | | | | | | | | | | | | |
| 280 | Iron deficiency anaemias | 2 | 1 | - | - | - | - | - | - | - | - | 2 | - | - | 1 | - | - |
| 284 | Aplastic anaemia | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 285 | Other and unspecified anaemias | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 288 | Diseases of white blood cells | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 289 | Other diseases of blood and blood forming organisms | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group IV | 2 | 2 | - | - | - | - | - | - | - | - | 2 | - | - | 1 | - | 1 |
| | GROUP V<br>Mental Disorders | | | | | | | | | | | | | | | | |
| 290 | Senile and presenile organic psychotic conditions | - | 4 | - | - | - | - | - | - | - | - | - | - | - | - | - | 4 |
| 301 | Personality disorders | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 303 | Alcohol dependence syndrome | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group V | - | 5 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 4 |
| | GROUP VI<br>Diseases of the Nervous System and Sense Organs | | | | | | | | | | | | | | | | |
| 320 | Bacterial meningitis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 331 | Other cerebral degenerations | 2 | 4 | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 | 4 |
| 332 | Parkinson's disease | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 335 | Anterior horn cell disease | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 340 | Multiple Sclerosis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 342 | Hemiplegia | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 357 | Inflammatory and toxic neuropathy | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group VI | 2 | 5 | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 | 4 |

*10.4 continued*

## *GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993*

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | GROUP VII<br>Diseases of Circulatory System | | | | | | | | | | | | | | | | |
| 394 | Diseases of mitral valve | 1 | 2 | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 1 |
| 395 | Diseases of aortic valve | 2 | 1 | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 | 1 |
| 396 | Diseases of mitral and aortic valves | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 401 | Essential hypertension | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 403 | Hypertensive renal disease | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 405 | Secondary hypertension | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 410 | Acute myocardial infarction | 39 | 30 | - | - | - | - | - | - | 2 | - | 5 | 1 | 12 | 7 | 20 | 22 |
| 411 | Other acute and subacute form of ischaemic heart disease | 4 | 1 | - | - | - | - | - | - | - | - | 1 | - | 1 | - | 2 | 1 |
| 412 | Old myocardial infarction | 1 | 1 | - | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| 414 | Other forms of chronic ischaemic heart disease | 27 | 13 | - | - | - | - | - | - | - | - | 4 | - | 8 | 1 | 15 | 12 |
| 415 | Acute pulmonary heart disease | 4 | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | 3 | 1 |
| 416 | Chronic pulmonary heart disease | 2 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 | - |
| 417 | Other diseases of pulmonary circulation | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| 421 | Acute and subacute endocarditis | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 424 | Other diseases of endocardium | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 425 | Cardiomyopathy | 1 | 3 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 3 |
| 426 | Conduction disorders | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| 428 | Heart failure | 4 | 10 | - | - | - | 1 | - | - | - | - | - | 1 | - | - | 4 | 8 |
| 430 | Subarachnoid haemmorrhage | 1 | 1 | - | - | - | - | - | - | - | - | 1 | 1 | - | - | - | - |
| 431 | Intracerebral haemorrhage | 3 | 4 | - | - | - | - | - | - | - | - | 1 | - | 1 | - | 1 | 4 |
| 432 | Other and unspecified intracranial haemorrhage | 10 | 29 | - | - | - | - | - | - | - | - | - | - | 1 | 5 | 9 | 24 |
| 434 | Occlusion of cerebral arteries | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 436 | Acute but ill-defined cerebrovascular disease | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - |
| 437 | Other and ill-defined cerebrovascular disease | 2 | 2 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 |
| 438 | Late effects of cerebrovascular disease | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 |
| 441 | Aortic aneurysm | 4 | 6 | - | - | - | - | - | - | - | - | - | 1 | 3 | - | 1 | 5 |
| 442 | Other aneurysm | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 443 | Other peripheral vascular disease | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| 444 | Arterial embolism and thrombosis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 447 | Other disorders of circulatory system | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 |
| 453 | Other venous embolism and thrombosis | 1 | 3 | - | - | - | - | - | - | - | - | - | 1 | 1 | - | - | 2 |
| | Totals Group VII | 112 | 116 | - | - | - | 1 | - | - | 3 | - | 13 | 6 | 31 | 17 | 65 | 92 |

*10.4 continued*

## *GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993*

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | GROUP VIII | | | | | | | | | | | | | | | | |
| | Diseases of the Respiratory System | | | | | | | | | | | | | | | | |
| 466 | Acute bronchitis and bronchiolitis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 471 | Nasal polyps | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 480 | Viral pneumonia | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 483 | Pneumonia due to other specified organism | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 485 | Bronchopneumonia, organism unspecified | 10 | 24 | - | - | - | - | - | 1 | - | - | 1 | - | - | 3 | 9 | 20 |
| 486 | Pneumonia, organism unspecified | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - |
| 487 | Influenza | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 491 | Chronic bronchitis | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 492 | Emphysema | 2 | 1 | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 | 1 |
| 494 | Bronchiectasis | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| 496 | Chronic airways obstruction, not elsewhere classified | 24 | 6 | - | - | - | - | - | - | - | - | 4 | - | 9 | 3 | 11 | 3 |
| 511 | Pleurisy | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 514 | Pulmonary congestion and hypostasis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 515 | Post inflammatory pulmonary fibrosis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 516 | Other alveolar and parietoalveolar pneumopathy | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 518 | Other diseases of lung | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 519 | Other diseases of respiratory system | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group VIII | 41 | 34 | - | - | - | - | - | 1 | - | - | 5 | - | 12 | 7 | 24 | 25 |
| | GROUP IX | | | | | | | | | | | | | | | | |
| | Diseases of the Digestive System | | | | | | | | | | | | | | | | |
| 530 | Diseases of Oesophagus | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 531 | Gastric Ulcer | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 532 | Duodenal Ulcer | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 533 | Peptic Ulcer, site unspecified | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 536 | Disorders of function of stomach | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| 558 | Other noninfective gastroenteritis and colitis | 1 | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 |
| | Carried Forward | 2 | 1 | - | - | - | - | - | - | 2 | - | - | - | - | - | - | 1 |

***10.4 continued***

## GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1994

| I.C.D Code No. | CAUSE OF DEATH | Total |  | Under 1 |  | Age 1 - 14 |  | Age 15 - 24 |  | Age 25 - 44 |  | Age 45 - 64 |  | Age 65 - 74 |  | Age 75 + |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
|  | Brought Forward | 2 | 1 | - | - | - | - | - | - | 2 | - | - | - | - | - | - | 1 |
| 560 | Intestinal obstruction without mention of hernia | 3 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 2 | - |
| 562 | Diverticula of Intestine | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 567 | Peritonitis | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 569 | Other disorders of intestine | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 |
| 571 | Chronic Liver Disease and Cirrhosis | 5 | 5 | - | - | - | - | - | - | - | - | 2 | 1 | 2 | 3 | 1 | 1 |
| 573 | Other disorders of liver | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| 576 | Other disorders of the biliary tract | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 578 | Gastro-intestinal Haemorrage | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
|  | Totals Group IX | 13 | 7 | - | - | - | - | - | - | - | - | 2 | 1 | 4 | 4 | 5 | 3 |
|  | GROUP X<br>Diseases of the genitourinary system |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 580 | Acute glomerulonephritis | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| 583 | Nephritis and nephropathy, not specified as acute or chronic | - | 2 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| 584 | Acute renal failure | - | 2 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| 585 | Chronic renal failure | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 586 | Renal failure, unspecified | 2 | 2 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 |
| 590 | Infections of kidney | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 599 | Other disorders of urethra and urinary tract | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
|  | Totals Group X | 3 | 7 | - | - | - | - | - | - | - | - | - | 1 | 1 | 1 | 2 | 5 |
|  | GROUP XIII<br>Diseases of the musculosketal system and connective tissue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 714 | Rheumatoid arthritis and other inflammatory polyarthropathies | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - |
|  | Totals Group XIII | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - |

## *GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993*

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | GROUP XIV | | | | | | | | | | | | | | | | |
| | Congenital anomolies | | | | | | | | | | | | | | | | |
| 742 | Other congenital anomolies of the nervous system | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group XIV | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| | GROUP XV | | | | | | | | | | | | | | | | |
| | Certain conditions originating in the perinatal period | | | | | | | | | | | | | | | | |
| 765 | Disorders relating to short gestation and unspecified low birthweight | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 769 | Respiratory distress syndrome | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 770 | Other respiratory conditions of foetus and newborn | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| 771 | Infections specific to the perinatal period newborn | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group XV | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - |
| | GROUP XVI | | | | | | | | | | | | | | | | |
| | Symptons, signs and ill defined conditions | | | | | | | | | | | | | | | | |
| 780 | General symptoms | - | 8 | - | - | - | - | - | - | - | - | - | - | - | - | - | 8 |
| 785 | Symptoms involving cardiovascular system | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 |
| 786 | Symptoms involving respiratory system and other chest symptoms | 3 | 4 | - | - | - | - | - | - | - | - | - | - | - | - | 3 | 4 |
| 797 | Senility without mention of psychosis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 798 | Sudden death, cause unknown | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 799 | Other ill-defined and unknown causes of morbidity and mortality | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| | Totals Group XVI | 6 | 13 | 1 | - | - | - | - | - | - | - | - | - | - | - | 5 | 13 |

*10.4 continued*

## *GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993*

| I.C.D Code No. | CAUSE OF DEATH | Total | | Under 1 | | Age 1 - 14 | | Age 15 - 24 | | Age 25 - 44 | | Age 45 - 64 | | Age 65 - 74 | | Age 75 + | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| | GROUP XVII<br>Injury and Poisoning | | | | | | | | | | | | | | | | |
| 804 | Multiple fractures involving skull or face with other bones | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| 820 | Fracture of neck of femur | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 821 | Fracture of other and unspecified parts of femur | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 823 | Fracture of tibia and fibula | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 851 | Cerebral laceration and contusion | 1 | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - |
| 854 | Intracranial injury of other and unspecified nature | 2 | - | - | - | - | - | 1 | - | 1 | - | - | - | - | - | - | - |
| 860 | Traumatic pneumothorax and haemothorax | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 902 | Injury to blood vessels of abdomen and pelvis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 905 | Late effects of musculoskeletal and connective tissue injuries | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 937 | Foreign body in anus and rectum | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 941 | Burn of face, head and neck | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 959 | Injury, other and unspecified | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| 963 | Poisoning by primarily systemic agents | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 965 | Poisoning by analgesics, antipyretics and anti-rheumatics | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 969 | Poisoning by psychotropic agents | - | 2 | - | - | - | - | - | 1 | - | 1 | - | - | - | - | - | - |
| 977 | Poisoning by other and unspecified drugs and medicaments | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 980 | Toxic effect of alcohol | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 986 | Toxic effect of carbon monoxide | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| 994 | Effects of other external causes | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| 998 | Other complication of procedures, not elsewhere classified | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Totals Group XVII | 7 | 6 | - | - | - | - | 2 | 1 | 3 | 1 | 2 | - | - | - | - | 4 |

## 10.5 Immunisation in Guernsey

### 10.5.1 Immunisation Schedule

The immunisation schedule in Guernsey is based on that currently used in Britain. This gives;

| Age | Immunisation |
|---|---|
| 2 months | Diphtheria/Tetanus/Whooping Cough/Polio/Hib |
| 3 months | Diphtheria/Tetanus/Whooping Cough/Polio/Hib |
| 4 months | Diphtheria/Tetanus/Whooping Cough/Polio/Hib |
| 12-15 months | Measles/Mumps/Rubella (MMR) |
| School entry;<br>(4-5 years) | Diphtheria/Tetanus/Polio boosters) |

### 10.5.2 Immunisation levels

Age 2 years for Guernsey and England 1993.

| | **Guernsey *** | **England **** |
|---|---|---|
| Diphtheria | 97% | 95% |
| Tetanus | 97% | 95% |
| Polio | 98% | 95% |
| Whooping Cough | 97% | 92% |
| Measles | 94% | 92% |
| Mumps/Rubella | 94% | 92% |
| Hib | 92% | 92% |

Source: Guernsey-Community Health Services 1995
England "On the State of the Public Health 1993"
HMSO 1994

Immunisation levels amongst Guernsey 2 year olds therefore continue to compare favourably with their counterparts in England.

### 10.5.3 Maintaining Immunisation Levels

In England between 1988/9 and 1992/3, children immunised by their second birthday increased from 87% to 95% for diphtheria, tetanus and polio, from 75% to 92% for whooping cough, and from 848 to 92% for measles, mumps, rubella.

Undoubtedly, a major impetus to this rising immunisation rate has been the GP Contract, under which 95% immunisation rates are necessary to attract the highest band of payments.

In Guernsey the new computerisation of Child Health Records should do much to ensure accurate documentation of which children have been fully immunised, and by default those who still require further protection against the communicable diseases of childhood.

It is also hoped to streamline the payment for immunisation notification to GP's in Guernsey.

It is hoped that these measures, combined with coordinated action by General Practitioners and Health Visitors, supported by the Community Paediatrician will be sufficient to ensure a minimum 95% full immunisation status amongst 2 year olds on the Island.

Achieving and maintaining this will result in the once common diseases of childhood becoming a half forgotten memory.

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